

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 283216

FILED
Feb 07, 2005
Secretary of State

Entity Name: POLYENGINEERING OF FLORIDA INC

Current Principal Place of Business:

1935 HEADLAND AVENUE
P.O. BOX 837
DOTHAN, AL 36302

New Principal Place of Business:

Current Mailing Address:

1935 HEADLAND AVENUE
P.O. BOX 837
DOTHAN, AL 36302

New Mailing Address:

FEI Number: 63-0779072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETREY, ROY
857 THE MASTERS BOULEVARD
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCALLISTER, HOWARD L
Address: 244 FLETCHER SMITH RD.
City-St-Zip: COTTONWOOD, AL 36320

Title: DC () Delete
Name: FAU LK, LAMAR E
Address: 1203 AMHERST DR.
City-St-Zip: DOTHAN, AL 36303

Title: ST () Delete
Name: MORGAN, CHARLES G
Address: 6686 COUNTY ROAD 99
City-St-Zip: NEWVILLE, AL 36353

Title: PD () Delete
Name: MOBLEY, MAX A
Address: 121 WHITEHEAD RD.
City-St-Zip: DOTHAN, AL 36305

Title: D () Delete
Name: STEPHENS, GLENN D
Address: 340 STONEGATE DR.
City-St-Zip: DOTHAN, AL 36305

Title: D () Delete
Name: BRANNON, JAMES R
Address: 1128 BJ MIXON RD.
City-St-Zip: COTTONWOOD, AL 36320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX A. MOBLEY

PD

02/07/2005

Electronic Signature of Signing Officer or Director

Date