

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 392110

Entity Name: POLY CRAFTS, INC.

FILED  
May 08, 2004  
Secretary of State

**Current Principal Place of Business:**

1839-61ST STREET  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

1839-61ST STREET  
SARASOTA, FL 34243

**New Mailing Address:**

P.O.BOX 507  
TALLEVAST, FL 34207

FEI Number: 59-1369463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOREMAN, MICHAEL L.  
2033 MAIN STREET  
SUITE #600  
SARASOTA, FL 34237

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DALE, JACK D,  
Address: 6052 MARELLA DRIVE  
City-St-Zip: SARASOTA, FL

Title: STD ( ) Delete  
Name: DALE, SUSAN  
Address: 7711 36TH LANE EAST  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SUZAN DALE

V.P.

05/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date