2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 8:00 am **Secretary of State DOCUMENT # 597460** 02-06-2004 90009 039 ***150.00 ALAN J. POLLEY, ATTORNEY AT LAW, P.A. Mailing Address Principal Place of Business 212 N. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 212 N. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business P O Box 1167 Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For 59-2016393 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . LLS A 7. Name and Arldress of New Registered Agent 6. Name and Address of Current Registered Agent POLLY, ALAN J, 212 NORTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441 Dertick Bad 8. 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. I am familiar with, and accept the obligations of registered agent. Alan J Polley FILE NOW!!! FEE IS \$150.00 9. Elect on Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Addition ☐ Delete POLLY, ALAN J. NAME NAME 401E Hilsborn Blad Suste 100 212 N. FEDERAL HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP TITLE ☐ Delete TiTi F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect is 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED