

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 607627

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: POLYCONTEC, INC.

**Current Principal Place of Business:**

12474 NW HWY 19  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

12474 NW HWY 19  
CHIEFLAND, FL 32626 US

**New Mailing Address:**

FEI Number: 59-3009443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EVANS, CALIE MARIE  
22914 W NEWBERRY RD  
NEWBERRY, FL 32669 US

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

EVANS, CALIE MARIE  
22806 W NEWBERRY RD  
NEWBERRY, FL 32669 US

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: CARLIE EVANS

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: EVANS, CARLIE MARIE,  
Address: 22806 W. NEWBERRY RD  
City-St-Zip: NEWBERRY, FL

Title: VP ( ) Delete  
Name: EVANS, ALAN  
Address: 22806 W. NEWBERRY RD  
City-St-Zip: NEWBERRY, FL 32669

Title: ST ( ) Delete  
Name: ROBSON, LESLEY A  
Address: 1108 NE 5TH ST.  
City-St-Zip: GAINESVILLE, FL 32601

**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:

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: CARLIE EVANS

PSD

04/20/2004

Electronic Signature of Signing Officer or Director

Date