


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90088 033 \*\*\*150.00

<b>DOCUMENT # 668714</b>	
1. Entity Name <b>POLYESTER SPECIALTY'S &amp; MFG., INC.</b>	

Principal Place of Business <b>78 MARSH DR. FREEPORT FL 32439</b>	Mailing Address <b>78 MARSH DR. FREEPORT FL 32439</b>
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2. Principal Place of Business - No P.O. Box # <b>737 LIVE OAK ST</b>	3. Mailing Address <b>737 LIVE OAK ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>FREEPORT</b>	City & State <b>FREEPORT</b>
Zip <b>32439</b>	Country <b>WALTON</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-1999752</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>ROBERTSON, GEORGE H. 78 MARSH DR. FREEPORT FL 32439</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>737 LIVE OAK ST</b> City <b>FL</b> Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTSON, GEORGE H. 78 MARSH DR FREEPORT FL 32439 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTSON, GEORGE H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 737 LIVE OAK ST FREEPORT, FLA. 32439 -
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBERTSON, ROBIN E 78 MARSH DR FREEPORT FL 32439 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBERTSON ROBIN E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 737 LIVE OAK ST FREEPORT, FLA. 32439 -
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/17/07** **850 974-2510**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #