


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000800	
1. Entity Name POLO VENTURES OF MICHIGAN, INC.	

Principal Place of Business 3380 FAIRLANE FARMS ROAD, SUITE 2 WELLINGTON, FL 33414	Mailing Address 3380 FAIRLANE FARMS ROAD, SUITE 2 WELLINGTON, FL 33414
--	--



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3149625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JENKINS, MERLE R 3380 FAIRLANE FARMS ROAD WELLINGTON, FL 33414
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, MERLE R 3380 FAIRLANE FARMS ROAD, SUITE 2 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JENKINS, ELVIRA R 3380 FAIRLANE FARMS ROAD, SUITE 2 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JENKINS, BETHANY 3380 FAIRLANE FARMS ROAD, SUITE 2 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000008418
01/20/04-80063-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bethany Jenkins* **1-12-04** **561-615-1505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #