


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90492 001 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F29369			
1. Entity Name POLLACK ENTERPRISES, INC.			
Principal Place of Business 3665 DARBY RD NEW SMYRNA BEACH, FL 32168		Mailing Address 3665 DARBY RD NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business 249 Floratam Trail Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1492 Suite, Apt. #, etc.	
City & State New Smyrna Beach, FL		City & State Edgewater, FL	
Zip 32168	Country Volusia	Zip 32132	Country Volusia
4. FEI Number 59-2063794		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLLACK, EDWARD N. 520 NORTH BEACH STREET DAYTONA BEACH, FL 32014		7. Name and Address of New Registered Agent Name Pollack, Edward N. Street Address (P.O. Box Number is Not Acceptable) 249 Floratam Trail City New Smyrna Beach, FL Zip Code 32168	
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 <i>Edward N. Pollack</i>		DATE 4-16-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTV POLLACK, EDWARD N. 3665 DARBY RD NEW SMYRNA BEACH, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 249 Floratam Trail New Smyrna Beach, FL 32168
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
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
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 exemption stated in Section 119.07(3)(c), 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 307, 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, live, empowered.			
SIGNATURE: <i>Edward N. Pollack</i>		DATE: 4-16-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND DAYTIME PHONE #	
Edward N. Pollack		386-295-1530	