


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 002 ***150.00

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|---|--|---------------------------|---|---|--|
| DOCUMENT # F98000006412 | | | |  | |
| 1. Entity Name A.S. POLONYI CO. | | | | | |
| Principal Place of Business 2041 PANAMA BLVD P.O. Box 3249 ENGLEWOOD, FL 34224 PLACIDA FL 33946 | | | Mailing Address 2041 PANAMA BLVD P.O. Box 3249 ENGLEWOOD, FL 34224 PLACIDA, FL 33946 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02032006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| POLONYI, FRANCES I 2041 PANAMA BLVD ENGLEWOOD, FL 34224 | | | | Name L. FROST Street Address (P.O. Box Number is Not Acceptable) 2990 BOURBON ST. City ENGLEWOOD FL Zip Code 34224 | |
| 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 <u><i>L. Frost</i></u> L. FROST (COMMUNICATIONS) 2/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. 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 | CDST POLONYI, ALBIN S <input type="checkbox"/> Delete 2041 PANAMA BLVD P.O. Box 3249 ENGLEWOOD, FL 34224 PLACIDA, FL 33946 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVC POLONYI, FRANCES I <input type="checkbox"/> Delete 2041 PANAMA BLVD P.O. Box 3249 ENGLEWOOD, FL 34224 PLACIDA, FL 33946 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>A.S. Polonyi</i></u> A.S. POLONYI SEC'y 2/6/06 941-276-7012 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |