## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L16974 JOHN W. POLHEMUS, INC. Principal Place of Business Mailing Address

**FILED** Mar 26, 2004 08:00 AM **Secretary of State** 



1045 NE INDUSTRIAL BLVD IENSEN BEACH, FL 34957

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US



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0142173 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLHEMUS, JOHN W 1045 NE INDUSTRIAL BLVD JENSEN BEACH, FL 34957

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the obligat	named entity submits this statement for the plants of registered agent.	urpose of changing its registered o	ice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SiGNATURE Signature, typed or printed name of regretered agent and title if applicable. (NOTE Registered /				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	' <sub>□</sub>	\$5.00 May Be Added to Fees	U00000096790 03/26/04-80012-015 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C POLHEMUS, JOHN W. 1045 NE INDUSTRIAL BLVD JENSEN BEACH, FL 34957	.,			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLHEMUS, DIANE E. 1045 NE INDUSTRIAL BLVD JENSEN BEACH, FL 34957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLHEMUS, BRYAN W 1045 NE INDUSTRIAL BLVD JENSEN BEACH, FL 34957		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE				· · ·	

12. It hereby certify that the information supplied with this filing does not qualify 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 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:

STREET ADDRESS CITY-SI-ZIP