


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90033 049 \*\*\*150.00

<b>DOCUMENT # M80955</b>			
1. Entity Name <b>POLYESTER CUSTOM FABRICATORS, INC.</b>			
Principal Place of Business <b>4545 BASSWOOD RD GREENWOOD FL 32443 US</b>		Mailing Address <b>PO BOX 5926 MARIANNA FL 32447 US</b>	
2. Principal Place of Business <b>5199 WILKUS RD</b>		3. Mailing Address <b>S/A</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>GREENWOOD, FL</b>		City & State	
Zip <b>32443</b>	Country <b>JAX</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>ROBERTSON, ROBIN E. 4545 BASSWOOD RD. GREENWOOD FL 32443</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, ROBIN E. 4545 BASSWOOD RD. GREENWOOD FL 32443 <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	VP ROBERTSON, GEORGE H 4548 BASSWOOD RD GREENWOOD FL <input type="checkbox"/> Delete	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 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:** *Robin Robertson* *Robin Robertson* *3/10/04* *540-520-8984*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #