


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90170 016 \*\*\*150.00

<b>DOCUMENT # M80955</b>	
1. Entity Name <b>POLYESTER CUSTOM FABRICATORS, INC.</b>	

Principal Place of Business <b>78 MARSH DR. FREEPORT FL 32439 US</b>	Mailing Address <b>78 MARSH DR. FREEPORT FL 32439 US</b>
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2. Principal Place of Business - No P.O. Box # <b>737 LIVE OAK ST</b>	3. Mailing Address <b>737 LIVE OAK ST</b>
Suite, Apt. #, etc. <b>FREEPORT FL</b>	Suite, Apt. #, etc. <b>FREEPORT FL</b>
City & State	City & State
Zip <b>32439</b>	Country <b>WALTON</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2896219</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ROBERTSON, ROBIN E. 78 MARSH DR. FREEPORT FL 32439</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>737 LIVE OAK ST</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P ROBERTSON, ROBIN E. <del>78 MARSH DR</del> FREEPORT FL 32439 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERTSON, ROBIN E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 737 LIVE OAK ST FREEPORT, FLA. 32439
TITLE NAME STREET ADDRESS CITY ST ZIP	VP ROBERTSON, GEORGE H <del>78 MARSH DR</del> FREEPORT FL 32439 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	ROBERTSON, GEORGE H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 737 LIVE OAK ST FREEPORT FLA. 32439
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/7/07 850 974-2510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #