

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N49417

Entity Name: POLONIA, INC.

Current Principal Place of Business:

4350 16 ST N
ST PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5951
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 65-0342088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAKOCZY, STEFAN
4350 16 ST N
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAKOCZY, STEFAN
Address: 3700 17 AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: VD () Delete
Name: FORTUNSKI, JAN
Address: 6112 2 ND STREET EAST A24
City-St-Zip: ST.BEACH., FL 33706

Title: T () Delete
Name: WISNIEWSKI, ELZBIETA
Address: 304 S HERCULES AVE #3
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: KANIEWSKA, ALFREDA
Address: 6111 2ND STREET, EAST A24
City-St-Zip: ST PETE BEACH, FL 33706

Title: VD () Delete
Name: SIEPAK, LUDWIKA
Address: 11700 CAPRI CIRCLE S, APT 3
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: JALSOVEC, WANDA
Address: 6767 SUNSET WAY #302
City-St-Zip: ST PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELZBIETA WISNIEWSKI

T

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date