
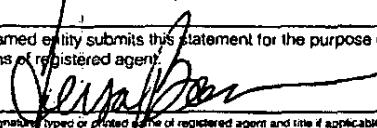
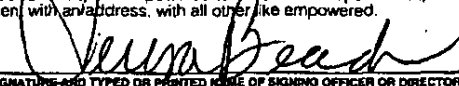


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/13/2004-90003-017-\$500.00-\$500.00

DOCUMENT # P00000116080 1. Entity Name POLISH POTTERY, INC.		
Principal Place of Business 3185 NEW YORK AVENUE #2 MELBOURNE FL 32935		Mailing Address 4340 WOOD HAVEN DRIVE MELBOURNE FL 32935
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State Zip	City & State Zip	4. FEI Number 59-3686914 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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: 		DATE: 9-1-04
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S 607.193(2)(d), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BEACH, TERESA 4340 WOOD HAVEN DRIVE MELBOURNE FL 32935	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition 300041730163 10/08/04--01059--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 9-1-04

FILED

04 OCT -7 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)