2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P02000043278** 04-07-2004 90023 009 \*\*\*150.00 1. Entity Name POLAR PROPERTIES, INC. Mailing Address Principal Place of Business 856 N FERDON BLVD 856 N FERDON BLVD 00414017 CRESTVIEW FL 32536 CRESTVIEW FL 32536 TOF STATE 3. Mailing Address 2. Principal Place of Business DEPOST Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State Applied For 4. FEI Number City & State 65-0503992 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESTEY, THEODORE E 856 N FERDON-BLVD Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW FL 32536 City 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 Signature, typed or printed name of regi DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, ☐ Addition TITLE ☐ Delete TITLE ESTEY, THEODORE E NAME NAME 856 N FERDON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-SI-712 ☐ Change ☐ Addition Detete TITLE MLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TILE ☐ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Change Addition TITLE NAME NAME 18 STREET ADDRESS STREET ADDRESS :-,-CITY-ST-ZIP CITY-ST-ZIP . . . ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. /20/0Y SIGNATURE:

FILED