



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90459 014 ***150.00

DOCUMENT # P02000123046 1. Entity Name POLMAR CORPORATION					
Principal Place of Business 7715 ISABELLA DR. APT. G PORT RICHEY, FL 34668			Mailing Address 7715 ISABELLA DR. APT. G PORT RICHEY, FL 34668		
2. Principal Place of Business 4026 Vista Verde Dr Suite, Apt. #, etc. #6		3. Mailing Address 4026 Vista Verde Dr. Suite, Apt. #, etc. #6			
City & State New Port Richey		City & State New Port Richey		4. FEI Number 75-3087784	
Zip 34655		Country 34655		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWANDOWSKA, DANUTA 7715 ISABELLA DR. APT. G PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Danuta Lewandowska Street Address (P.O. Box Number is Not Acceptable) 4026 Vista Verde Dr. #6 City New Port Richey FL Zip Code 34655	
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 <i>[Signature]</i> DANUTA LEWANDOWSKA <small>(Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWANDOWSKI, MAREK 7715 ISABELLA DR., APT. G PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marek Lewandowski 4026 Vista Verde Dr. #6 New Port Richey, FL 34655
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWANDOWSKA, DANUTA 7715 ISABELLA DR., APT. G PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Danuta Lewandowska 4026 Vista Verde Dr. #6 New Port Richey, FL 34655
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<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: <i>[Signature]</i> Marek Lewandowski 4/21/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					