

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90483 049 \*\*\*150.00

<b>DOCUMENT # P02000123046</b> 1. Entity Name <b>POLMAR CORPORATION</b>					
Principal Place of Business <del>1026 VISTA VERDE DR., #6</del> <b>NEW PORT RICHEY, FL 34655</b>			Mailing Address <b>1026 VISTA VERDE DR., #6</b> <b>APT. G</b> <b>NEW PORT RICHEY, FL 34655</b>		
2. Principal Place of Business <b>4026 VISTA VERDE DR #6</b>		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <b>75-3087784</b>	
Zip 		Country 		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWANDOWSKA, DANUTA</b> <del>1026 VISTA VERDE DR., #6</del> <b>NEW PORT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent Name <b>DANUTA LEWANDOWSKA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4026 VISTA VERDE DR # 6</b> City <b>NEW PORT RICHEY</b> <b>FL</b> Zip Code <b>34655</b>		
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 <b>DANUTA LEWANDOWSKA</b> REG. AGENT <b>04.30.05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEWANDOWSKI, MAREK</b> <del>1026 VISTA VERDE DR., #6</del> <b>NEW PORT RICHEY, FL 34655</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4026 VISTA VERDE DR # 6</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEWANDOWSKA, DANUTA</b> <del>1026 VISTA VERDE DR., #6</del> <b>NEW PORT RICHEY, FL 34655</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4026 VISTA VERDE DR # 6</b>	
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	
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	
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	
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: <b>MAREK LEWANDOWSKI</b> <b>PRESIDENT</b> <b>04.30.05</b> <b>(127) 243-6590</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					