


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90002 017 ***550.00

DOCUMENT # P03000022713	
1. Entity Name POLY-TRIPLEX TECHNOLOGIES, INC.	

Principal Place of Business 8317 FRONT BEACH ROAD, SUITE 34-D PANAMA CITY BEACH, FL 32407	Mailing Address 8317 FRONT BEACH ROAD, SUITE 34-D PANAMA CITY BEACH, FL 32407
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54057084

2. Principal Place of Business 9851 Thomas Drive Suite, Apt. #, etc. Suite 108 City & State Panama City Beach, FL Zip 32408 Country USA	3. Mailing Address 9851 Thomas Drive Suite, Apt. #, etc. Suite 108 City & State Panama City Beach, FL Zip 32408 Country USA
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06072004 Chg-P CR2E034 (10/03)



4. FEI Number 81-0600359		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCNEIL, RONALD A 13 NORRIEGO ROAD DESTIN, FL 32541		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

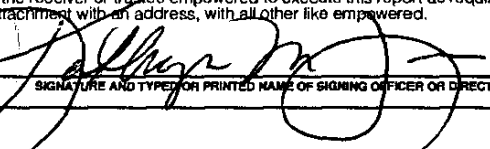
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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:  6/8/04 850-249-0784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #