

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022713

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: POLY-TRIPLEX TECHNOLOGIES, INC.

## Current Principal Place of Business:

495 ST JOHNS RD  
BONIFAY, FL 32425

## New Principal Place of Business:

## Current Mailing Address:

495 ST. JOHNS ROAD  
BONIFAY, FL 32425

## New Mailing Address:

PO BOX 398  
BONIFAY, FL 32425

FEI Number: 81-0600359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARAVAGLIA, MICHAEL  
756 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOUGH, GEORGE  
Address: 495 ST JOHNS ROAD  
City-St-Zip: BONIFAY, FL 32425

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOUGH, GEORGE  
Address: PO BOX 398  
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE HOUGH

P

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date