


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000030741</b> 1. Entity Name <b>POLARIS PRODUCTIONS, INC.</b>	
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01122007 No Chg-P CR2E034 (11/05)


Principal Place of Business <b>2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237</b>	Mailing Address <b>6295 MANASOTA KEY RD ENGLEWOOD, FL 34223</b>
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0564972</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PRATT, HELEN 6295 ENGLEWOOD RD ENGLEWOOD, FL 34223</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINTON, STANLEY R 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINTON, DOLORES 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
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U000000630939  
02/20/07-80027-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  2/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #