

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90019 017 \*\*\*150.00

<b>DOCUMENT # P03000140910</b>					
<b>1. Entity Name</b> PITTS/POLOPOLUS, INC.					
<b>Principal Place of Business</b> 1004 NW 34TH ST GAINESVILLE, FL 32605			<b>Mailing Address</b> 1004 NW 34TH ST GAINESVILLE, FL 32605		
<b>2. Principal Place of Business</b> 100 SW 75 ST. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4141 NW 37th Pl. Suite, Apt. #, etc.			
<b>City &amp; State</b> Gainesville, FL Zip: 32607 Country: Alachua		<b>City &amp; State</b> Gainesville, FL Zip: 32604 Country: Alachua		<b>4. FEI Number</b> 20-0448899	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PITTS, DONNA E 7816 NW 51ST DR GAINESVILLE, FL 32653					
<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____					
<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.</b> SIGNATURE: <u>Donna E. Pitts, president (Donna E. Pitts)</u> DATE: <u>2/17/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: D NAME: PITTS, DONNA E STREET ADDRESS: 7816 NW 51ST DR CITY-ST-ZIP: GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: POLOPOLUS, PATRICIA J STREET ADDRESS: 1004 NW 34TH ST CITY-ST-ZIP: GAINESVILLE, FL 32605	<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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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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Donna E. Pitts (Donna E. Pitts)</u> DATE: <u>2/17/04</u> DAYTIME PHONE #: <u>352-225-4647</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					