

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000140910

1. Entity Name
PITTS/POLOPOLUS, INC.



Principal Place of Business
**100 SW 75 ST
GAINESVILLE, FL 32607**

Mailing Address
**4141 NW 37TH PL
GAINESVILLE, FL 32606**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0448899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITTS, DONNA E
7816 NW 51ST DR
GAINESVILLE, FL 32653**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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 PITTS, DONNA E 7816 NW 51ST DR GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POLOPOLUS, ELENI 5004 NW 40 TERRACE GAINESVILLE, FL 32605
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80075-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-2008
Date

352-225-4117
Daytime Phone #