

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126403

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: POLE STAR CONSULTANTS, INC.

## Current Principal Place of Business:

829 SW 47 TER.  
B-106  
CAPE CORAL, FL 33914 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 373  
REHOBOTH, MA 02769 US

## New Mailing Address:

FEI Number: 32-0125296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEARLE, WILLIAM L  
829 SW 47 TER.  
B-106  
CAPE CORAL, FL 33914 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NICHOLS, ANNIE  
Address: 40 FRANCIS FARM ROAD  
City-St-Zip: REHOBOTH, MA 02769 US

Title: VP ( ) Delete  
Name: SEARLE, WILLIAM L  
Address: 829 SW 47 TER. B-106  
City-St-Zip: REHOBOTH, MA 02769 US

Title: T ( ) Delete  
Name: NICHOLS, ANNIE  
Address: 40 FRANCIS FARM ROAD  
City-St-Zip: REHOBOTH, MA 02769 US

Title: S ( ) Delete  
Name: NICHOLS, ANNIE  
Address: 40 FRANCIS FARM ROAD  
City-St-Zip: REHOBOTH, MA 02769 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SEARLE, WILLIAM L  
Address: 829 SW 47 TER. B-106  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM L. SEARLE

VP

03/02/2005

Electronic Signature of Signing Officer or Director

Date