

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119178

Entity Name: M.E. POLLIN ASSOCIATES, INC.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

2407 S. FERDINAND STREET  
TAMPA, FL 33629

## New Principal Place of Business:

820 S. ROME AVENUE  
TAMPA, FL 33606

## Current Mailing Address:

P.O. BOX 18052  
TAMPA, FL 33629

## New Mailing Address:

FEI Number: 20-5579135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLLIN, MARY-ELLEN  
2407 S. FERDINAND STREET  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

POLLIN, MARY-ELLEN  
820 S. ROME AVENUE  
TAMPA, FL 33606 US

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:

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete  
Name: POLLIN, MARY-ELLEN PRES.  
Address: 2407 S. FERDINAND  
City-St-Zip: TAMPA, FL 33629

Title: MR. ( ) Delete  
Name: POLLIN, LAWRENCE S VP  
Address: 2407 S. FERDINAND  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition  
Name: POLLIN, MARY-ELLEN PRES.  
Address: 820 S. ROME AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: MR. (X) Change ( ) Addition  
Name: POLLIN, LAWRENCE S VP  
Address: 820 S. ROME AVENUE  
City-St-Zip: TAMPA, FL 33606

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: MARY-ELLEN POLLIN

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date