2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# P10000039275

Entity Name: POLY INJECTION OF FLORIDA INC

Current Principal Place of Business:

4265 NW 44TH AVE
SUITE 6
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

4265 NW 44TH AVE
SUITE 6
OCALA, FL 34478

New Mailing Address:

FEI Number: 27-2509366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUVAL, SEPHEN J
428 WALNUT STREET
GREEN COVE SPRINGS, FL 32043 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

OFFICERS AND DIRECTORS:

Title: P
Name: SEYLER, EDWARD K
Address: 4265 NW 44TH AVE, SUITE 6
City-St-Zip: OCALA, FL 34478

Title: D
Name: TUCK, DAVID
Address: 4265 NW 44TH AVE., SUITE 6
City-St-Zip: OCALA, FL 34478

Title: D
Name: STEPHENSON, SIDNEY R
Address: 4265 NW 44TH AVE., SUITE 6
City-St-Zip: OCALA, FL 34478

Title: D
Name: HARDIN, BOBBY
Address: 4265 NW 44TH AVE., SUITE 6
City-St-Zip: OCALA, FL 34478

Title: D
Name: HAMPY, DARYL
Address: 4265 NW 44TH AVE., SUITE 6
City-St-Zip: OCALA, FL 34478

I hereby 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 all other like empowered.

SIGNATURE: EDWARD K SEYLER P 03/18/2011

Electronic Signature of Signing Officer or Director Date