
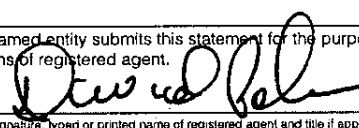
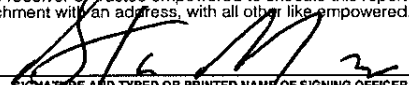


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90043 023 \*\*\*150.00

<b>DOCUMENT # P32091</b> 1. Entity Name <b>DAVID M. POLEN SECURITIES, INC.</b>																											
Principal Place of Business <b>14502 N. DALE MABRY STE 303 TAMPA, FL 33618 US</b>		Mailing Address <b>14502 N. DALE MABRY STE 303 TAMPA, FL 33618 US</b>																									
2. Principal Place of Business <b>2700 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE 230</b>		3. Mailing Address <b>2700 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE 230</b>																									
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>																									
Zip <b>33431</b>		Zip <b>33431</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>13-2984378</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>POLEN, DAVID M. 3913 NORTHAMPTON WAY TAMPA, FL 33624</b>		7. Name and Address of New Registered Agent Name <b>POLEN, DAVID M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7134 MELROSE CASTLE LANE</b> City <b>BOCA RATON</b> FL Zip Code <b>33496</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. SIGNATURE  DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTD POLEN, DAVID M.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>3913 NORTHAMPTON WAY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PTD POLEN, DAVID M.	<input type="checkbox"/> Delete	NAME	3913 NORTHAMPTON WAY		STREET ADDRESS	TAMPA, FL		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD POLEN, DAVID M.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>7134 MELROSE CASTLE LANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOCA RATON, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33496</td> <td></td> </tr> </table>		TITLE	PD POLEN, DAVID M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	7134 MELROSE CASTLE LANE		STREET ADDRESS	BOCA RATON, FL		CITY-ST-ZIP	33496	
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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.																											
SIGNATURE: 		Date <b>3/31/04</b> Daytime Phone # <b>561 241 2425</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											