

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P32091

1. Entity Name  
DAVID M. POLEN SECURITIES, INC.



**FILED**  
**Jun 26, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2700 N. MILITARY TRAIL STE 230  
BOCA RATON, FL 33431 US

Mailing Address  
2700 N. MILITARY TRAIL STE 230  
BOCA RATON, FL 33431 US



06202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-2984378

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, STAN C  
2700 N MILITARY TRAIL  
STE 230  
BOCA RATON, FL 33431

**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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLEN, DAVID M. 2700 N MILITAR TRAIL #D230 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO MOSS, STAN C 2700 N MILITARY TRAIL K#230 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOD MOSS, STAN C 2700 N MILITARY TRL K230 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000953377  
06/26/08-80001-022 150.00

**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

6/20/08

Date

561-241-2425

Daytime Phone #