

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000030254**

1. Entity Name  
**POLORONIS CONSTRUCTION, INC.**



**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90023 004 \*\*\*150.00

Principal Place of Business  
**265 HIGHWAY 98**  
**APALACHICOLA, FL 32320 US**

Mailing Address  
**P.O. BOX 223**  
**APALACHICOLA, FL 32329**

2. Principal Place of Business  
**21 AVENUE C**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006

Chg-P

CR2E034 (11/05)

City & State  
**APALACHICOLA, FL**

City & State

4. FEI Number  
**59-3234620**

Applied For  
Not Applicable

Zip  
**32320**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**POLORONIS, V W**  
**119 WATER OAKS WAY**  
**APALACHICOLA, FL 32320**

## 7. Name and Address of New Registered Agent

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/06**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**POLORONIS, VERNON WILLIAM** ☐ Delete  
**119 WATER OAKS WAY**  
**APALACHICOLA, FL 32320**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VT**  
**POLORONIS, MONICA** ☐ Delete  
**119 WATER OAKS WAY**  
**APALACHICOLA, FL 32320**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/15/06** **850 653 8167**