

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030254

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: POLORONIS CONSTRUCTION, INC.

**Current Principal Place of Business:**

21 AVE C  
APALACHICOLA, FL 32320 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 223  
APALACHICOLA, FL 32329

**New Mailing Address:**

FEI Number: 59-3234620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POLORONIS, VERNON WILLIAM  
Address: 119 WATER OAKS WAY  
City-St-Zip: APALACHICOLA, FL 32320

Title: VT ( ) Delete  
Name: POLORONIS, MONICA  
Address: 119 WATER OAKS WAY  
City-St-Zip: APALACHICOLA, FL 32320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MONICA POLORONIS

VICE

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date