2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 08:00 AM Secretary of State

	ANNOAL REPORT	
DOCUMENT # 1. Entity Name POLESIS RESEARCE	# P94000036684 ch, INC.	
Principal Place of Business 1315 FINLEY DRIVE PENSACOLA, FL 32514	Mailing Address 1315 FINLEY DRIVE US PENSACOLA, FL 32514	ı us

PENSACOLA	, FL 32514 US	PENSACOLA, FL 32514 U	S	3 (MENNED) AND NEXT EXEN EXENT EXITS BEING BEING BRICK BRICK BRICK BRICK BRICK BRICKER IN SERV	
Ε	OO NOT WRITE	IN THIS SPA	CE	04022008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-3244237 Not Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required	
	5. Name and Address of Current R	egistered Agent			
CUSHMAN, WILLIAM B 1315 FINLEY DR. PENSACOLA, FL 32514			DO NOT WRITE IN THIS SPACE		
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 					
Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
18.	OFFICERS AND DI	RECTORS	1		
title Name Street address City-St-Zip	D CUSHMAN, WILLIAM B 1315 FINLEY DR. PENSACOLA, FL 32514			U00000492796 04/19/06-80078-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GTTY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ACCRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not quality 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: 130 SQL W; / 10 13. CUS AMAN 2Apr. 2006 \$50-978-3360