

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90100 050 \*\*\*150.00

**DOCUMENT # P94000037224**

1. Entity Name  
**POLYGRAPH ASSOCIATES, INC.**



Principal Place of Business  
**7301 N.W. 4 STREET  
SUITE 110  
PLANTATION, FL 33317 US**

Mailing Address  
**7301 N.W. 4 STREET  
SUITE 110  
PLANTATION, FL 33317 US**

**66012299**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0596634**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOHN, JACQUELINE J.  
7801 N.W. 4 STREET  
SUITE 110  
PLANTATION, FL 33317**

**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 of Jacqueline J. Kohn*

(NOTE: Registered Agent signature required when reappointing)

**4/2/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KOHN, LAWRENCE G
STREET ADDRESS	7301 NW 4 ST. SUITE 110
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	KOHN, JACQUELINE J
STREET ADDRESS	7301 NW 4 ST. SUITE 110
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 of Jacqueline J. Kohn*

**JACQUELINE J. KOHN**

**5/20/08**

**984-581-5570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #