2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000032172

1. Entity Name
PRO POLY OF AMERICA, INC.

Principal Place of Business	Mailing Address
1821 NW 57TH ST OCALA, FL 34474 US	2215 SE FT KING ST STE B OCALA, FL 34471 US

DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3371564
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, SARAH T
10551 SE 110TH RD
CANDLER, FL 32111

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000847345
08/19/08-80016-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	DTS
NAME	DEAN, SARAH T
STREET ADDRESS	10551 SE 110TH ST RD
CITY-ST-ZIP	CANDLER, FL 32111
TITLE	P
NAME	DEAN, TIMOTHY S.
STREET ADDRESS	1821 NW 57TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	DEAN, JONATHAN
STREET ADDRESS	P.O. BOX 23
CITY-ST-ZIP	CANDLER, FL 32111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ _____ Sarah T. Dean ✓ 2-28-08 (352)687-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #