


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000035265</b> 1. Entity Name POLARIS R & D, INC.	
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Principal Place of Business 6971 108TH AVE NORTH LARGO, FL 33777 US	Mailing Address 6971 108TH AVE NORTH LARGO, FL 34647
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3388770	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CIPOLLA, FRANK 6971 108TH AVE NORTH LARGO, FL 34647
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	DPT CIPOLLA, FRANK 6971 108TH AVE NORTH LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CIPOLLA, DIANE 6971 108TH AVE NORTH LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ARMES, LISA 6971 108TH AVE N LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATTEN, JANEEN 6971 108TH AVE N LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000007910  
01/20/04-80041-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Janeen Patten 11/5/04 727-546-4285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #