

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000035265

1. Entity Name
POLARIS R & D, INC.



Principal Place of Business
**6971 108TH AVE NORTH
LARGO, FL 33777 US**

Mailing Address
**6971 108TH AVE NORTH
LARGO, FL 34647**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3388770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CIPOLLA, FRANK
6971 108TH AVE NORTH
LARGO, FL 34647**

**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, typed or printed 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, 2005 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

U000000173477
01/07/05-80020-010 150.00

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANEEN PATTEN

01-05-05

Date

727-546-4285

Daytime Phone #