


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # P96000095994

1. Entity Name
POLE REAL ESTATE, INC.



Principal Place of Business 1900 N OCEAN DR HOLLYWOOD, FL 33019 US	Mailing Address 1900 N OCEAN DR HOLLYWOOD, FL 33019 US
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FENNELL, TODD W
 979 BEACHLAND BLVD
 VERO BEACH, FL 32963**

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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

UN00000862455
 04/03/08-80018-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLE, ROBERT F 1900 N OCEAN DR. HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODRUFF, JAMES 711 SHORE DRIVE VERO BEACH, FL 32963
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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: Robert F. Pole **ROBERT F. POLE** PRES. 3/11/08 954-927-4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #