

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-06-2004 90057 001 ***300.00

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1. Entity Name
POLYTANK, INC.



Principal Place of Business
**8525 MALBRY ROAD
JACKSONVILLE, FL 32220**

Mailing Address
**8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE, FL 32219**

00406448



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416188

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAX CO.
C/O MCQUIRE, WOODS, BATTLE & BOOTHE
50 N. LAURA ST., 3300 BARNETT CENTER
JACKSONVILLE, FL 32202**

**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 **ENRIC CABRE** 2/15/04 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, 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	C PLANES, JUAN 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 322193238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLASTARRI, ANTONIO 8003 WESTSIDE INDUSTRIAL DRIVE JACKSONVILLE, FL 322193238
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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: **ENRIC CABRE** 2/15/04 904 3780999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #