

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90023 004 \*\*\*150.00

60006923



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3508805	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # P98000040061**  
 1. Entity Name  
 POLYESTER, INCORPORATED



Principal Place of Business 1017 HAGEN DR. NEW PORT RICHEY, FL 34655	Mailing Address 1017 HAGEN DR. NEW PORT RICHEY, FL 34655
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SALERNO, LYNN  
 1017 HAGEN DR.  
 NEW PORT RICHEY, FL 34655

**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) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALERNO, MICHAEL G 1017 HAGEN DR. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALERNO, LYNN 1017 HAGEN DR. NEW PORT RICHEY, FL 34655
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Michael G Salerno Michael G Salerno 1/24/06 727 376-4209  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #