2007 FOR PROFIT CORPORATION ANNUAL REPORT

1

DOCUMENT # P98000040061

1. Entity Name
POLYESTER, INCORPORATED

Principal Place of Business	Mailing Address
1017 HAGEN DR. NEW PORT RICHEY, FL 34655	1017 HAGEN DR. NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3508805	Not Applicable

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

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 _Lynn Salerno_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

1/19/07
DATE

FILE NOW!!!: FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Lynn Salerno_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07   727-375-0281
Date   Daytime Phone #