

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90032 031 \*\*\*150.00

**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**

**40010644**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

01152008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3508805**

Applied For  
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**

7. Name and Address of New Registered Agent

Name  
**JOHN J MERCURIO**

Street Address (P.O. Box Number is Not Acceptable)  
**713 S. ORANGE AVENUE**

City  
**SARASOTA**

FL Zip Code  
**34236**

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: *John J Mercurio*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/15/08**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Salerno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/08**

DATE

DAYTIME PHONE #