

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025641

Entity Name: POLYJIM ENTERPRISES, INC.

FILED
Jan 21, 2004
Secretary of State

Current Principal Place of Business:

3705 W BAKER ST
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

3705 W BAKER ST
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-3568043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVONCE, APOLINAR
547 EAGLE POINT S
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVONCE, APOLINAR
Address: 547 EAGLE POINT S
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP S () Change (X) Addition
Name: AVONCE, ZEFERINO
Address: P.O. BOX 421607
City-St-Zip: KISSIMMEE, FL 34742

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APOLINAR AVONCE

P D

01/21/2004

Electronic Signature of Signing Officer or Director

_____ Date