

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90180 030 \*\*\*150.00

**DOCUMENT # S41268**

1. Entity Name

**POLLYANNA ENTERPRISES INC.**



Principal Place of Business

**1650 BLAIR CASTLE CIRCLE  
RUSKIN FL 33570  
US**

Mailing Address

**1650 BLAIR CASTLE CIRCLE  
RUSKIN FL 33570  
US**



2. Principal Place of Business - No P.O. Box #

**812 BIRCH LANE**

3. Mailing Address

**812 BIRCH LANE**

Suite, Apt. #, etc.

**APT 9A**

Suite, Apt. #, etc.

**APT 9A**

1st MOORE

CR2E034 (10/06)

City & State

**KERNERSVILLE NC 27284**

City & State

**KERNERSVILLE NC 27284**

4. FEI Number

**59-3039321**

Applied For

Not Applicable

Zip

**27284**

Country

**USA**

Zip

**27284**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, JAMES A.  
1650 BLAIR CASTLE CIRCLE  
RUSKIN FL 33570**

7. Name and Address of New Registered Agent

Name

**JAMES A MILLER**

Street Address (P.O. Box Number is Not Acceptable)

**17 4th AVE S E**

City

**LUTZ**

**FL**

**Zip Code  
33549**

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

*James A Miller*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/15/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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	PD MILLER, JAMES A. 1650 BLAIR CASTLE CIR RUSKIN FL 33570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JAMES A MILLER 17 4th AVE S E LUTZ FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

**JAMES A MILLER**

*James A Miller*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*4/15/07 (330996-1642)*

Date

Daytime Phone #