



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90019 020 ***150.00

| | | | | | |
|---|--|---|--|--|------------------------------------|
| DOCUMENT # S50972 1. Entity Name POLYNESIAN DONUTS, INC. | | | |  | |
| Principal Place of Business 5341 W IRLO BRONSON HWY KISSIMMEE, FL 34746-4711 | | | Mailing Address 200 E ROBINSON ST STE 500 ORLANDO, FL 32801 US | | |
| 2. Principal Place of Business 3501 WEST VINE Street Suite, Apt. #, etc. Suite 277 City & State KISSIMMEE, FL | | 3. Mailing Address 20 N ORANGE AVE Suite, Apt. #, etc. Suite 407 City & State | |  | |
| Zip 34741 | | Country USA | | 01132004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 06-1319589 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 407 City FL Zip Code | | |
| 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 <u><i>[Signature]</i></u> 2/14/04 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD RODRIGUES, JOAO C 807 W VINE ST KISSIMMEE, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3501 W. Vine St., Suite 277 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD RODRIGUES, DOLORES C 807 WEST VINE ST KISSIMMEE, FL 34741 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3501 W. Vine St., Suite 277 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 2-18-04 Daytime Phone # | | |