## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # V31966  1. Entity Name NEIL E. POLSTER, P.A.			04-21-200	8 90078 047 ***150.00	
Principal Place of Business  2529 WEST BUSCH BLVB. 13907 N. Dale Ma SUITE 800 Huy., Suite 101 TAMPA, FL 33618 US		Huy, Suite 191	Mabky	 	
2. Principal Place of Business - No P.O. Box # 13907 N. Dale Makey Huy.		le MabayHuz.		1	
Suite, Apt. #, etc.  Suite 101  City & State	Suite Apt. #, etc. Suit & 19		04152008 Chg-P	CR2E034 (12/06)  Applied For	
Tampa HL	Tamps, FL		65-0329784	Not Applicable	
Zip33618 CountryUS	Zip 33618	Country US	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name Ar	7. Name and Address of New	Registered Agent	
POLSTER, NEIL E. 2529 WEST BUSCH BLVD.		Street Address	Street Augings (PA Box Muniber 13 Not Acceptable) by Huy.		
SUITE 800		1390		rabby Muy.	
TAMPA, FL 33618	_	City City	e 101	FL Zip Sight (6	
8. The above name dentity submits this systement to	or the purpose of changing its re	197	ered agent, or both, in the State of	FL 33676 Florida. Lam familiar, with, and accept	
the obligations of registered agent	VIV. No	IF CO	- or	14/15/11	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Reulistered Agent alignature require	ct when reinstating)	CATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		5.00 May Be ded to Fees		
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11	
TIILE D NAME POLSTER, NEIL E.	☐ Delate	TITLE D	LE Polster	Change ☐ Addition	
STREET ADDRESS 2529 W BUSCH BLVD #800		STREET ADORESS 139 CITY-ST-ZIP To	or N. Dale Mabey H		
HILE	☐ Dolete	TITLE	inches, 100 yours	Change Addition	
NAME STREET ADDRESS		NAME STREET ADORESS			
CITY-ST-ZIP		CITY-ST-ZIP			
ITLE NAME	☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	· Delete	TITLE	_	☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADORESS			
CITY-SI-ZIP		CITY-ST-ZIP	5,045,-445		
TIPLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE		Change Addition	
NAME	_ 19	NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receive of trustey emporanged, or on an attachment with an additions.	this filling does not quality for	the exemptions container	ed in Chapter 119, Florida Statutes	s. I further certify that the information er oath; that I am an officer or director	
changed, or on an attachment visit an address	wife all of execute this exort as with all other like empowered.	s required by Chapter 60	07, Florida Statutes; and that my na	ame appears in Block 10 or Block 11 if	