

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000094617

**Entity Name:** DAVID POLLY ENTERPRISES, INC

**Current Principal Place of Business:**

5163 FARM CREEK RD  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

5163 FARM CREEK RD  
ST AUGUSTINE, FL 32092

**FEI Number:** 20-3100840

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POLLY, DAVID LSR  
5163 FARM CREEK RD  
ST AUGUSTINE, FL 32092 US

*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

**Officer/Director Detail :**

Title PVST  
Name POLLY, DAVID LSR  
Address 5163 FARM CREEK RD  
City-State-Zip: ST AUGUSTINE FL 32092

Title D  
Name POLLY, DAVID LSR  
Address 5163 FARM CREEK RD  
City-State-Zip: ST AUGUSTINE FL 32092

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID L. POLLY SR.

PVST

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date