



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 737069</b> 1. Entity Name POLK COUNTY TRIAL LAWYERS ASSOCIATION, INC.	
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Principal Place of Business 59 LAKE MORTON DRIVE P.O. BOX 2836 LAKELAND, FL 33801	Mailing Address 59 LAKE MORTON DRIVE P.O. BOX 2836 LAKELAND, FL 33806
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2617614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CURTIS, CLINTON A 141 5TH, NW WINTER HAVEN, FL 33883	<b>DO NOT WRITE IN THIS SPACE</b>
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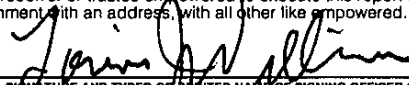
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>		<p>U000000746506 05/16/07-80072-016 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANKLIN, J. RUSSELL 310 E MAIN STREET BARTOW, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUNN, R. SCOTT PO BOX 9498 WINTER HAVEN, FL 33883	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEEKS, KAREN I 2000 S FLORIDA AVE LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, LOUIS J 59 LAKE MORTON DR LAKELAND, FL 33806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROHN, JONATHAN PO BOX 3 LAKELAND, FL 338020003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUJOL, ALEXANDER 825 E. MAIN STREET LAKELAND, FL 33801	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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:**  **4/21/07** **4/21/07 863-682-8492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #