

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N03000006861

Entity Name: POLK VISION, INC.

**Current Principal Place of Business:**

P.O. BOX 24627  
LAKELAND, FL 33802

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24627  
LAKELAND, FL 33802

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

AIRTH, HAL A JR.  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801

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

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

**OFFICERS AND DIRECTORS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ED                      ( ) Change (X) Addition  
Name:                      BURTON, COLLEEN  
Address:                      500 SOUTH FLORIDA AVENUE, STE 800  
City-St-Zip:                      LAKELAND, FL 33801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN BURTON

ED

04/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date