


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-07-2007 90030 032 ****61.25

DOCUMENT # N03000006861

1. Entity Name
POLK VISION, INC.



Principal Place of Business
**500 SOUTH FLORIDA AVENUE
 SUITE 800
 LAKELAND, FL 33801**

Mailing Address
**500 SOUTH FLORIDA AVENUE
 SUITE 800
 LAKELAND, FL 33801**

2. Principal Place of Business - No P.O. Box #
5605 US Highway 98S

3. Mailing Address
P.O. Box 1506

Suite, Apt. #, etc.



01262007 Chg-NP CR2E037 (12/06)

City & State
Highland City, FL

City & State
Highland City, FL

Zip
33846

Country
USA

4. FEI Number
20-0141870

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Colleen Burton

Street Address (P.O. Box Number is Not Acceptable)
Polk Vision

~~P.O. Box 1506~~ **5605 US HWY 98 S**

City
Highland City FL Zip Code **33846**

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 Colleen Burton, Colleen Burton, Executive Director DATE 2-5-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BURTON, COLLEEN 500 SOUTH FLORIDA AVENUE, STE 800 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Burton, Colleen P. O. Box 1506 Highland City, FL 33846 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chair Ronald L. Clark 500 S. Florida, Suite 800 Lakeland, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Chair Cindy Price P.O. Box 1401 Auburndale, FL 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David M. Touchton P.O. Box 1076 Lakeland, FL 33802-1076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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 I ka empowered.

SIGNATURE: David M. Touchton, Treasurer 1/29/07 **863-683-6283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR