


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006861
 1. Entity Name
 POLK VISION, INC.



Principal Place of Business Mailing Address
 5605 US HIGHWAY 98S P.O. BOX 1506
 HIGHLAND CITY, FL 33846 HIGHLAND CITY, FL 33846

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02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 20-0141870 Not Applicable

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

6. Name and Address of Current Registered Agent

BURTON, COLLEEN
 POLK VISION
 5605 US HWY 98 S
 HIGHLAND CITY, FL 33846

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B. 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 _____ DATE _____
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, 2008

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

U00000859097
 04/02/08-80004-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BURTON, COLLEEN P. O. BOX 1506 HIGHLAND CITY, FL 33846
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CLARK, RONALD L 500 S. FLORIDA, SUITE 800 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PRICE, CINDY P.O. BOX 1401 AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOUCHTON, DAVID M P.O. BOX 1076 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Colleen K Burton Colleen K Burton 3-12-08 (863) 646-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #