

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006861

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** POLK VISION, INC.

**Current Principal Place of Business:**

5605 US HIGHWAY 98S  
HIGHLAND CITY, FL 33846 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1506  
HIGHLAND CITY, FL 33846 US

**New Mailing Address:**

FEI Number: 20-0141870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

ROBERTS, SARA  
5605 US HWY 98 S  
HIGHLAND CITY, FL 33846 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: SARA ROBERTS

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: ROBERTS, SARA  
Address: P. O. BOX 1506  
City-St-Zip: HIGHLAND CITY, FL 33846 US

Title: C  
Name: HOLDEN, EILEEN  
Address: 999 AVENUE H NE  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T  
Name: JONES, JANICE  
Address: 811 EAST MAIN STREET  
City-St-Zip: LAKELAND, FL 33801 US

Title: VC  
Name: FAUX, MARSHA  
Address: 255 N.WILSON AVENUE  
City-St-Zip: BARTOW, FL 33830 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA ROBERTS

ED

04/10/2012

Electronic Signature of Signing Officer or Director

Date