

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-25-2004 90032 045 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000116803						
1. Entity Name POLK COUNTY INSULATION, INC.						
Principal Place of Business 490 RALPH ST BARTOW FL 33830			Mailing Address P.O. BOX 1142 BARTOW FL 33831			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0328105	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DAVIS, MICHAEL L 490 RALPH ST BARTOW FL 33830			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City	FL	Zip Code	
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 _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME BARTOW, MICHAEL L		<input type="checkbox"/> Delete	TITLE PD	NAME DAVIS, MICHAEL	
STREET ADDRESS 490 RALPH ST				STREET ADDRESS		
CITY-ST-ZIP BARTOW FL 33830				CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
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CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:			2/19/04		863-534-1047	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	