2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 296866

1. Entity Name
POLK COUNTY FERTILIZER COMPANY

Principal Place of Business	Mailing Address
POST OFFICE BOX 366 1010 CITRUS AVENUE HAINES CITY, FL 33844	PO BOX 366 HAINES CITY, FL 33845-0366

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1106774

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TUNNO, W C JR
7 SPENCER SHORES
HAINES CITY, FL 33844

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	TUNNO, PATRICIA A
STREET ADDRESS	7 SPENCER SHORES
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	PD
NAME	TUNNO, W C JR
STREET ADDRESS	7 SPENCER SHORES
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	TD
NAME	JORDAN, MARY O
STREET ADDRESS	201 LAKE VILLAWAY
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	VD
NAME	OLSON, JOHN E
STREET ADDRESS	10 VAGABOND LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
03/18/06-80031-004 150.00

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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 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: W C Tunno 3-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #