



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90082 022 \*\*\*150.00

<b>DOCUMENT # 296866</b> 1. Entity Name <b>POLK COUNTY FERTILIZER COMPANY</b>					
Principal Place of Business <b>POST OFFICE BOX 366 1010 CITRUS AVENUE HAINES CITY, FL 33844</b>			Mailing Address <b>PO BOX 366 HAINES CITY, FL 33845-0366</b>		
2. Principal Place of Business - No P.O. Box # <b>300 SPENCER SHORES</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>HAINES CITY, FL</b>		City & State		4. FEI Number <b>59-1106774</b>	
Zip <b>33844</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TUNNO, W C JR 7 SPENCER SHORES HAINES CITY, FL 33844</b>				7. Name and Address of New Registered Agent Name <b>TUNNO, W C JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 SPENCER SHORES</b> City <b>HAINES CITY, FL</b> Zip Code <b>33844</b>	
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 <u><i>W C Tunno Jr</i></u> DATE <u>1-18-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUNNO, PATRICIA A 7 SPENCER SHORES HAINES CITY, FL 33844	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUNNO, PATRICIA A 300 SPENCER SHORES HAINES CITY, FL 33844
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUNNO, W C JR 7 SPENCER SHORES HAINES CITY, FL 33844	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUNNO, W C JR 300 SPENCER SHORES HAINES CITY, FL 33844
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORDAN, MARY O 201 LAKE VILLAWAY HAINES CITY, FL 33844	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORDAN, MARY O 1776 6th ST NW Apt 506 WINTER HAVEN, FL 33881
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLSON, JOHN E 10 VAGABOND LANE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
				<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 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: <u><i>W C Tunno Jr</i></u> DATE <u>1-18-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					