

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 296866**

1. Entity Name  
**POLK COUNTY FERTILIZER COMPANY**



Principal Place of Business  
**300 SPENCER SHORES  
HAINES CITY, FL 33844**

Mailing Address  
**PO BOX 366  
HAINES CITY, FL 33845-0366**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
300 SPENCER SHORES  
HAINES CITY, FL 33844**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 300 SPENCER SHORES  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE PD  
NAME TUNNO, W C JR  
STREET ADDRESS 300 SPENCER SHORES  
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE TD  
NAME JORDAN, MARY O  
STREET ADDRESS 300 SPENCER SHORES  
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

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04/02/08-80032-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #