## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 296866** 

**Entity Name: POLK COUNTY FERTILIZER COMPANY** 

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

300 SPENCER SHORES 300 SPENCER SHORES HAINES CITY, FL 33844 US HAINES CITY, FL 33844

**Current Mailing Address: New Mailing Address:** 

PO BOX 366 PO BOX 366

HAINES CITY, FL 338450366 HAINES CITY, FL 338450366 US

FEI Number: 59-1106774 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TUNNO, W C JR 300 SPÉNCER SHORES HAINES CITY, FL 33844 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:

Title:

Name: Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Title:

PD

Election Campaign Financing Trust Fund Contribution ( ).

() Delete

## **OFFICERS AND DIRECTORS:**

PD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition TUNNO, PATRICIA A TUNNO, PATRICIA A Name: Name: 300 SPENCER SHORES 300 SPENCER SHORES Address: Address:

City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: HAINES CITY, FL 33844 US

(X) Change ( ) Addition Name: TUNNO, W C JR Name: TUNNO, W C JR 300 SPENCER SHORES 300 SPENCER SHORES Address: Address: HAINES CITY, FL 33844 HAINES CITY, FL 33844 US City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition TD Name:

JORDAN, MARY O JORDAN, MARY O Name: 300 SPENCER SHORES 1776 6TH ST NW APT 506 Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VD () Delete Title: () Change () Addition

OLSON, JOHN E Name: 10 VAGABOND LANE Address: WINTER HAVEN, FL 33881 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: W C TUNNO JR 01/08/2009