


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 334068**  
 1. Entity Name  
**POLK COUNTY DEVELOPMENT CORP**



Principal Place of Business      Mailing Address  
**3375 US 98 SOUTH**      **3375 US 98 SOUTH**  
**P.O. BOX 996**      **P.O. BOX 996**  
**LAKELAND FL 33802-5365**      **LAKELAND FL 33802-5365**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**NALLY, WILLIAM F.**  
**3375 U.S. HWY 98 SOUTH**  
**P.O. BOX 996**  
**LAKELAND FL 33802**

4. FEI Number      Applied For  
**59-1236891**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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      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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	NALLY, WILLIAM F.	
STREET ADDRESS	3375 U.S. HWY 98 S.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/>
NAME	NALLY, WILLIAM F.	
STREET ADDRESS	3375 U.S. HWY. 98 S.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000260466  
 03/12/05-80026-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William F. Nally*      3-8-05      863-665-1682  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #