

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 366203

1. Entity Name
POLK-MURPHY INSURANCE AGENCY INC



Principal Place of Business

1620 N.PARK AVENUE
P.O.BOX 79
BARTOW, FL 33830

Mailing Address

1620 N.PARK AVENUE
P.O.BOX 79
BARTOW, FL 33830



01302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1356549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THORNBURG, ROSIE POLK
1620 NO PARK AVE
BARTOW, FL 33830

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURPHY, TIM
STREET ADDRESS	E F GRIFFIN RD
CITY-ST-ZIP	BARTOW, FL
TITLE	S
NAME	MURPHY, COLIN
STREET ADDRESS	239 BIRCH LANE
CITY-ST-ZIP	LAKELAND, FL
TITLE	V
NAME	THORNBURG, ROSIE POLK
STREET ADDRESS	1005 TRASK LANE
CITY-ST-ZIP	BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

000000218098

02/07/05-80051-007 150.00

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 Rosie P. Thornburg Rosie Polk Thornburg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-05 (863) 533-0991