

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 366203

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** POLK-MURPHY INSURANCE AGENCY INC

**Current Principal Place of Business:**

1620 NORTH PARK AVENUE  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

1620 N.PARK AVENUE  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 59-1356549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MURPHY, TIM  
Address: E F GRIFFIN RD  
City-St-Zip: BARTOW, FL

Title: S  
Name: MURPHY, COLIN  
Address: 239 BIRCH LANE  
City-St-Zip: LAKE LAND, FL

Title: V  
Name: THORNBURG, ROSIE POLK  
Address: 1005 TRASK LANE  
City-St-Zip: BARTOW, FL 33830

I hereby 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 all other like empowered.

SIGNATURE: TIM MURPHY

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date