2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # 547860 1. Entity Name REGAL DEVELOPMENT OF POLK COUNTY, INC. Principal Place of Business Mailing Address 6729 TRAIL RIDGE P.O. BOX 7357 LAKELAND FL 33813 LAKELAND FL 33807 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1769778 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMAN, L.K. Street Address (P.O. Box Number is Not Acceptable) 6729 TRAILRIDGE LAKELAND FL 33813 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 ered agent and title if applicable (NOTE: Registered Agent signature required when re-estating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOFFMAN, L.K. NAME NAME STREET ADDRESS STREET ADDRESS 6729 TRAIL RIDGE CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP U00000209930 □ Change 02/02/05-80060-008 150.00 **VSTD** TITLE Addition TITLE Delete HOFFMAN, BARBARA L. NAME NAME STREET ADDRESS 6729 TRAIL RIDGE STREET ADDRESS LAKELAND FL 33813 CITY-ST-7IP CITY-ST ZIP ☐ Addition HILE ☐ Delete HITTE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP City-St-7tP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED ON PRINTED NAME OF STONING OFFICER OR DIRECTOR

FILED

863-644-9561