2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90020 015 ****61.25

DOCUMENT # 719459 1. Entity Name POLK COUNTY BUILDERS ASSOCIATION, INC.						04-04-2008	3 90020 0	15 ****6	51.25
Principal Place of Business Mailing Address 2232 HERITAGE DR LAKELAND, FL 33801 US LAKELAND, FL 3380			US		400				 (1) D (0) 1 00 ;
Principal Place of Business - No P.O. Box # 3. Mai		3. Mailing Address	Aailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03032008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State	City & State		4. FEI Numbe 59-1526			_ 	oplied For
Zip	Country	Zip	Countr	гу	5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	gent	
NIVALA, BARBARA 2232 HERITAGE DR LAKELAND, FL 33801			<u></u>	Name Street Address (P.O. Box Number is Not Acceptable)					
				City	.		FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registered	office or register	red agent, or both	h, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and little if applicable. (NOT	ΓΕ: Registered Ας	gent signature required	(when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. (NOT 9. Election Cal Trust Fund (mpaign Fina	ancing	\$5.00 May Be Added to Fees		DATE fake check rida Departi		
10.	Filing Fee is \$61.25	9. Election Cal Trust Fund (mpaign Fina	ancing	\$5.00 May Be Added to Fees	Floi	fake check rida Departi	ment of St	ate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII IPP HEATH, RONNIE PO BOX 5609	9. Election Cal Trust Fund (mpaign Fina Contribution 11. TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS P.O -ZIP JS+ ADDRESS P.O -ZIP JS+ ADDRESS P.O -ZIP JS+ ADDRESS P.O -ZIP JS+	\$5.00 May Be Added to Fees ADDITIONS/CHA PSIDENT DAVIS DOXSIS Keland, Vice Pre Foundance Foundance	Flow WGES TO OFFICE S FL 33FH PSIDENT Dr. #5 -3109	flake check rida Departi ERS AND DIR	ment of SI ECTORS IN	tate
10. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII IPP HEATH, RONNIE PO BOX 5609 WINTER HAVEN, FL 33880 P MAQUEIRA, AJ PO BOX 1660	9. Election Cai Trust Fund 0 RECTORS	mpaign Fina Contribution 11. TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS POLA ADDRESS POLA ADDRESS POLA ADDRESS POLA ADDRESS CO'2 ADDRESS CO'2 VID	\$5.00 May Be Added to Fees ADDITIONS/CHAP SIDENT DAY!S BOXS18 Kelard, Vice Pre Fourland Clard, Fl Vice Pre Shamar Her Haven,	Floor WGES TO OFFICE FL 33F1 PSIDENT Dr. #5 -33809 PSIDENT TON TON TON TON TON TON TON TON TON T	fake check rida Departi RS AND DIR	ECTORS IN	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII IPP HEATH, RONNIE PO BOX 5609 WINTER HAVEN, FL 33880 P MAQUEIRA, AJ PO BOX 1660 HIGHLAND CITY, FL 33846 1VP HODGES, CARLTON 1501 SHEPHERD RD 5	9. Election Can Trust Fund € RECTORS Delete	mpaign Fina Contribution 11. ITTLE NAME STREET A CITY-ST TITLE NAME STREET F CITY-ST TITLE NAME STREET F TITLE NAME STREET F STREET F NAME STREET F NAME STREET F NAME NAME NAME	ADDRESS P.O ADDRESS P.O -ZIP LA ADDRESS GOZ -ZIP WIN ADDRESS GOZ ADDRESS GOZ ADDRESS GOZ ADDRESS Hub	\$5.00 May Be Added to Fees ADDITIONS/CHAP PSIDENT DAVIS NO BOX SI8 Kelard, Vice Present Fourland Clard, Fl Vice Present For Ather Shamar Her Haven, retary/Tr andiern y Us How ourned by To	Flor WGES TO OFFICE FL 33FH PSIDENT TON #5 -33809 PSIDENT TON FL 33800 L 33823	fake check rida Departi RS AND DIR	ECTORS IN Change Change Change	10 Addition
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indicated on this report or supplied with this information supplied with this information of the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the resource or hustre empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

Scott Cowombe ED 4/1/08

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