


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90013 023 ****70.00

DOCUMENT # 731106					
1. Entity Name THE MUNICIPAL BOARD OF EXAMINERS, INC., OF POLK COUNTY					
Principal Place of Business 735 E MAIN ST P.O. BOX 630 BARTOW FL 33831 US			Mailing Address 735 E. MAIN ST. PO BOX 630 BARTOW FL 33831 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1565066	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOUBERLY, TRACY 450 N. WILSON AVE. BARTOW FL 33831				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 <u><i>Tracy E. Doublerly</i></u> 2-1-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, CURTIS		NAME	Mickey Matison	
STREET ADDRESS	201 CENTER ST.		STREET ADDRESS	1 Bobby Green Plaza	
CITY-ST-ZIP	DUNDEE FL 33838		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Tim Wallace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT		NAME	120 Pomelo ST.	
STREET ADDRESS	75 N 7TH ST		STREET ADDRESS	Lk. Alfred, FL 33850	
CITY-ST-ZIP	EAGLE LAKE FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUBERLY, TRACY		NAME		
STREET ADDRESS	450 N. WILSON AVE.		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, BOB		NAME		
STREET ADDRESS	155 POMELO ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED FL 33850		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD R. TRUE		NAME		
STREET ADDRESS	450 N. WILSON		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, DAVID		NAME	Randy Aldridge	
STREET ADDRESS	152 E CENTRAL AVE.		STREET ADDRESS	551 3rd. St. Nw	
CITY-ST-ZIP	LK. WALES FL 33859		CITY-ST-ZIP	Winter Haven, FL 33831	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee 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 an address, with all other like empowered.

SIGNATURE: *Tracy E. Doublerly* 2-1-06