

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90020 006 ***158.75

14

DOCUMENT # F98000003897

1. Entity Name
 THE POLLARD AGENCY, INC.



Principal Place of Business
 101 PACIFIC AVE.
 BREMEN, GA 30110

Mailing Address
 101 PACIFIC AVE.
 BREMEN, GA 30110



2. Principal Place of Business
 1793 County Rd. 224
 Suite, Apt. #, etc.
 Suite B

3. Mailing Address
 1793 County Rd. 224
 Suite, Apt. #, etc.
 Suite B

01202004 Chg-P CR2E034 (10/03)

City & State
 Fruithurst, AL

City & State
 Fruithurst, AL

Zip Country
 36262 USA

Zip Country
 36262 USA

4. FEI Number
 64-0632157

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75: Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM, PARDUE H
 2615 EAST BALDWIN RD
 PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	POLLARD, R. BRUCE	
STREET ADDRESS	1797 COUNTY RD. #224	
CITY-ST-ZIP	MT. CREEK, AL 36262	
TITLE	V	<input type="checkbox"/> Delete
NAME	POLLARD, BROCK A	
STREET ADDRESS	614 HAMBAUGH AVE.	
CITY-ST-ZIP	BIRMINGHAM, AL 35209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, TERESA	
STREET ADDRESS	522 Brockford Rd.	
CITY-ST-ZIP	Wetlin, AL 36264	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Teresa J. Skinner - TERESA L. SKINNER 2/16/04 256-463-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #