

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003897

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: THE POLLARD AGENCY, INC.

**Current Principal Place of Business:**

1793 COUNTY RD 224  
STE B  
FRUITHURST, AL 36262

**New Principal Place of Business:**

**Current Mailing Address:**

1793 COUNTY RD 224  
STE B  
FRUITHURST, AL 36262

**New Mailing Address:**

FEI Number: 64-0632157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KELLEY, CHARLES  
1511 HIGHWAY 173  
GRACERVILLE, FL 32440      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POLLARD, R. BRUCE PRES  
Address: 1797 COUNTY RD. #224  
City-St-Zip: FRUITHURST, AL 36262

Title: V ( ) Delete  
Name: POLLARD, BROCK A V-PRES  
Address: 1241 EAGLE PARK RD  
City-St-Zip: BIRMINGHAM, AL 35242

Title: S (X) Delete  
Name: SIMS, CHERYL H SEC  
Address: 300 ROBERTSON AVE  
City-St-Zip: TALLAPOOSA, GA 30176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R BRUCE POLLARD

P

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date