

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90020 049 ***158.75

DOCUMENT # F98000007081

1. Entity Name

POLK POWER GP II, INC.



Principal Place of Business

1125 HWY 98 SOUTH
SUITE 100
LAKELAND FL 33801

Mailing Address

1125 US 98 SOUTH
#100
LAKELAND FL 33801

54013902



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **75-2562611**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **GM** ☐ Delete
NAME **SMITH, ALLAN WADE**
STREET ADDRESS **1125 HWY 98 SOUTH STE 100**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **CEO** ☐ Delete
NAME **~~SMITH, ALLAN WADE~~ O'Rourke, John**
STREET ADDRESS **1001 LOUISIANA ST**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **P** ☐ Delete
NAME **~~KOENPEL, HOLLY K~~ Koempel, Holly K**
STREET ADDRESS **155 WEST NATIONWIDE BLVD.**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **S** ☐ Delete
NAME **KING, TIMOTHY A**
STREET ADDRESS **1 RIVERSIDE PLAZA**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **AS** ☐ Delete
NAME **SIDDALL, DAVID L**
STREET ADDRESS **1001 LOUISIANA ST**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **D** ☐ Delete
NAME **SMITH, ALLAN WADE**
STREET ADDRESS **1125 HWY. 98 SOUTH SUITE 100**
CITY-ST-ZIP **LAKELAND FL 33801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Stallings, Faye L**
STREET ADDRESS **1001 Louisiana St**
CITY-ST-ZIP **Houston, TX 77002**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04