2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90418 037 ***150.00

DOCUMENT # G36716

1. Entity Name
POLLARD BAIT COMPANY, INC.

Principal Place of Business	Mailing Address
32845 CR 473 LEESBURG, FL 34788 US	32845 CR 473 LEESBURG, FL 34788 US

DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2331704
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLLARD, DENNIS C
32845 C.R. 473
LEESBURG, FL 34788

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLLARD, DENNIS CLINTON
STREET ADDRESS	29314 OLD MILL RD. WEST
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	ST
NAME	DULSKY, KATHLEEN J (44) GRACE J. HODGE
STREET ADDRESS	31015 C.R. 435 6051 Hwy 40 WEST
CITY-ST-ZIP	SORRENTO, FL 32776 YANKEE TOWN, FL 34498
TITLE	VD
NAME	POLLARD,JR., RALPH C
STREET ADDRESS	32845 CR 473
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for 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 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: _____ Pres. 4/12/06 352-343-4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #