

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G36716</b>	
1. Entity Name <b>POLLARD BAIT COMPANY, INC.</b>	
Principal Place of Business <b>32845 CR 473 LEESBURG, FL 34788 US</b>	Mailing Address <b>32845 CR 473 LEESBURG, FL 34788 US</b>



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2331704</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>POLLARD, DENNIS C 32845 C.R. 473 LEESBURG, FL 34788</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 true if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLARD, DENNIS CLINTON 29314 OLD MILL RD. WEST TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HODGE, GRACE J 6051 HWY 40 W YANKEETOWN, FL 34498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLARD, JR., RALPH C 32845 CR 473 LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/06/07-80003-024 150.00

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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:** Dennis C. Pollard / Dennis C. Pollard 3/27/07 352-343-4271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #