

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # G36716

1. Entity Name
POLLARD BAIT COMPANY, INC.



Principal Place of Business

32845 CR 473
LEESBURG, FL 34788 US

Mailing Address

32845 CR 473
LEESBURG, FL 34788 US



01182008 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

0000000814226

02/13/08-80095-024 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	HODGE, GRACE J
STREET ADDRESS	6051 HWY 40 W
CITY-ST-ZIP	YANKEETOWN, 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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/08

352 343-4271