


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2007 08:00 AM
Secretary of State**

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| DOCUMENT # J05437 1. Entity Name JOHN C. POLK, INC. |  |
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| Principal Place of Business 210 E STUART AVE LAKE WALES, FL 33853 US | Mailing Address P O BOX 1080 LAKE WALES, FL 33859-080 US |
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2652870 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent POLK, JOHN C 210 E STUART AVE LAKE WALES, FL 33853 |
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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.

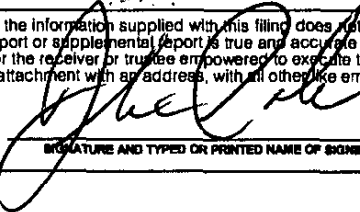
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD POLK, JOHN C. 1044 SUNSET DR. LAKE WALES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <p>U00000599278 01/25/07-80021-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  **JOHN C. POLK** 1-22-07 863-676-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #