


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000000795 1. Entity Name POLK INSURANCE COMPANY, L.C.	
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Principal Place of Business 1500 6TH STREET N.W. WINTER HAVEN, FL 33881	Mailing Address 1500 6TH STREET N.W. WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3393452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREEN, JAMES L 1500 6TH STREET N.W. WINTER HAVEN, FL 33881

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BULLARD AGENCY, INC. 221 EAST STUART AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GREEN'S INSURANCE SERVICE, INC. 1500 6TH STREET N.W. WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HATTON INSURANCE AGENCY, INC. 322 EAST MAIN STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CHAD GREEN INSURANCE, INC. 1617 EAST GARY ROAD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MITCHELL INSURANCE AGENCY, INC. 105 N. BROADWAY FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DESOTO INSURANCE AGENCY, INC. P.O. BOX 880 ARCADIA, FL 342650880

<p>U000000213173 02/03/05-80059-016 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2-1-05 863294-4241 <small>Date Daytime Phone #</small>
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