

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006861

1. Entity Name
POLK VISION, INC.



Principal Place of Business
5605 US HIGHWAY 98S
HIGHLAND CITY, FL 33846

Mailing Address
P.O. BOX 1506
HIGHLAND CITY, FL 33846



02012008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0141870

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURTON, COLLEEN
POLK VISION
5605 US HWY 98 S
HIGHLAND CITY, FL 33846

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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)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000859097
04/02/08-80004-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
BURTON, COLLEEN
P. O. BOX 1506
HIGHLAND CITY, FL 33846

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
CLARK, RONALD L
500 S. FLORIDA, SUITE 800
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
PRICE, CINDY
P.O. BOX 1401
AUBURNDALE, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TOUCHTON, DAVID M
P.O. BOX 1076
LAKELAND, FL 33802

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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: _____

Colleen L Burton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08 (863) 646-0439
Date Daytime Phone #