

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90127 009 \*\*\*\*61.25

<b>DOCUMENT # N03000008248</b>					
<b>1. Entity Name</b> READ POLK, INC.					
<b>Principal Place of Business</b> 205 E. MAIN STREET SUITE 107 BARTOW, FL 33830-4613			<b>Mailing Address</b> 205 E. MAIN STREET SUITE 107 BARTOW, FL 33830-4613		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO Box 2595			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BARTOW FL		<b>4. FEI Number</b> 20-0310633	
Zip		Country 33847 USA		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03062005 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  WILSON, KERRY M 141 5TH STREET NW WINTER HAVEN, FL 33881			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P REDDOUT, BRENDA 310 HERNANDO ROAD WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP BAUER, BOB 310 ORANGE STREET AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S SCHREIBER, MONICA 247 BIRCH LANE LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMPFL, BARBARA 2150 S. BROADWAY AVE. BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, MARSHA 3414 CRESTWOOD ST. LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T STRINGFELLOW, KEIGHTLEY P.O. BOX 505 HOMELAND, FL 33847	<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <i>Keightley Stringfellow</i>		Date: 3/8/05		Daytime Phone: 863 294 4131	