2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008248

1. Entity Name
READ POLK, INC.

Principal Place of Business	Mailing Address
205 E. MAIN STREET SUITE 107 BARTOW, FL 33830-4613	P.O. BOX 2595 BARTOW, FL 33847

D1222006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
20-0310633
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, KERRY M
141 5TH STREET NW
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H03000008248
02/02/06-00064-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D,P
NAME	REDDOUT, BRENDA
STREET ADDRESS	310 HERNANDO ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D,VP
NAME	BAUER, BOB
STREET ADDRESS	310 ORANGE STREET
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	D,S
NAME	SCHREIBER, MONICA
STREET ADDRESS	247 BIRCH LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	STAMPFL, BARBARA
STREET ADDRESS	2150 S. BROADWAY AVE.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	WEST, MARSHA
STREET ADDRESS	3414 CRESTWOOD ST.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D,T
NAME	STRINGFELLOW, KEIGHTLEY
STREET ADDRESS	P.O. BOX 505
CITY-ST-ZIP	HOMELAND, FL 33847

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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 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: Keightley Stringfellow KEIGHTLEY STRINGFELLOW 1/23/06 863 294 4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #