2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000004730

1. Entity Name
POLK COUNTY CATTLEWOMEN, INC.



FILED

Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90008 019 ****61.25

					100						
P.O.BOX 1212 P.			Mailing Address P.O.BOX 1212 BARTOW, FL 33831-				40 ,			#14 15858 HKU 85851	
2. Principal P	Place of Busine	ess - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01222008 CI	ng-NP	CR2E0	37 (12/06)	
City & State		City & State		<u> </u>		4. FEI Number 16-175862			<u> </u>	oplied For of Applicable	
Zip Country		Zip	Zip Cou		-	5. Certificate of St		<u> </u>	\$8.75 Add	ditional	
	6 Name	and Address of Current	Paristand Acent		1		7. Name and Add	race of New R	eristered.		
		BII Addiess of Caren	registered Agent		Name		1. Maine dile Add		9.4.0.		
COSTINE, MARY H 8430 TOM COSTINE RD					Street Addr	ress (P	P.O. Box Number is	Not Acceptable)		
	D, FL 3380				<u> </u>						
					City				FL	Zip Cod	le
	named entity tions of registe		or the purpose of changing it	s registere	ed office or reg	gistere	agent, or both, in	the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	*.										•
SIGNATORE .		or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature re	required v	when reinstating)		DATE		
	Cillag Eng		B. Floretice Co		Jananina			M			
	_	e is \$61.25 ay 1, 2008	9. Election Ca Trust Fund		~ —]	\$5.00 May Be Added to Fees			k payable t tment of S	
10.	_		Trust Fund		~ —	ا 	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flori	da Depai	tment of S	tate
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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.

SI	GN	ATI	JRE

863-858-8123