


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N32519</b> 1. Entity Name POLK COUNTY RAILS TO TRAILS, INC.	
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Principal Place of Business C/O H. BOLLEY 1513 SR 559 POLK CITY, FL 33868	Mailing Address C/O H. BOLLEY 1513 SR 559 POLK CITY, FL 33868
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02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2944280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

WILSON, KERRY M.  
 141 5TH STREET N W  
 #300  
 WINTER HAVEN FL, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BOLLEY, HENRY S.
STREET ADDRESS	1513 SR 559
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	DV
NAME	ANGUS, BOB
STREET ADDRESS	1362 HAVENDALE BLVD N W
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	DT
NAME	PASSMORE, ANN
STREET ADDRESS	2229 DREXEL BLVD
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/17/05-80025-017 81.25

**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.

**SIGNATURE:** Ann Passmore, Ann Passmore 2-14-05 (863) 293-9353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #