

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N32519	
1. Entity Name POLK COUNTY RAILS TO TRAILS, INC.	



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
--	--

**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-NP CRZE037 (11/05)

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

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

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

000000396890  
01/30/06-80018-013 61.25

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2006

Date

(863) 293-9353

Daytime Phone #