
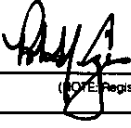
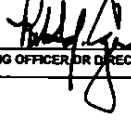


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90208 015 \*\*\*\*61.25

<b>DOCUMENT # N32519</b> 1. Entity Name <b>POLK COUNTY RAILS TO TRAILS, INC.</b>					
Principal Place of Business <b>C/O H. BOLLEY 1513 SR 559 POLK CITY, FL 33868</b>			Mailing Address <b>C/O H. BOLLEY 1513 SR 559 POLK CITY, FL 33868</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>1362 HAVENDALE BLVD NW</b>  Suite, Apt. #, etc.			
City & State		City & State <b>WINTER HAVEN, FL</b>		4. FEI Number <b>59-2944280</b>	
Zip <b>33881-1386</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, KERRY M. 141 5TH STREET N W #300 WINTER HAVEN FL, FL 33881</b>				7. Name and Address of New Registered Agent  Name <b>ROBERT W. ANGUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1362 HAVENDALE BLVD NW</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33881-1386</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.  SIGNATURE <b>ROBERT W. ANGUS</b>  <b>3-14-08</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <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	DP BOLLEY, HENRY S. 1513 SR 559 POLK CITY, FL 33868	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ANGUS, BOB 1362 HAVENDALE BLVD N W WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PASSMORE, ANN 2229 DREXEL BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PASSMORE, ANN 2229 DREXEL BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PASSMORE, ANN 2229 DREXEL BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete			
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: <b>ROBERT W. ANGUS</b>  <b>3-14-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					