

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

DOCUMENT # N9300000727

1. Entity Name  
**POLK COMPUTER USERS' GROUP, INC.**



**FILED  
Apr 18, 2005 8:00 am  
Secretary of State**

04-18-2005 90334 034 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business<br>PO BOX 90404<br>LAKELAND, FL 33804-0404 | Mailing Address<br>PO BOX 90404<br>LAKELAND, FL 33804-0404 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|                     |                         |
|---------------------|-------------------------|
| City & State<br>Zip | City & State<br>Country |
|---------------------|-------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><b>HOCKS, WILBUR<br/>5745 POINCIANA AVENUE<br/>LAKELAND, FL 33809-3354</b> |
|---|

|                              |   |
|------------------------------|---|
| Name<br><b>HOCKS, WILBUR</b> | Address<br><b>5745 POINCIANA AVENUE<br/>LAKELAND, FL 33809-3354</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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when changing)



01212005 Chg-NP CR2E037 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3170958</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent<br><b>FL</b> | Zip Code |
|--|----------|

|   |  |  |
|---|--|--|
| Filing Fee is \$61.25<br>Due by May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution.<br><input type="checkbox"/> \$5.00 May Be<br>Added to Fees. | Make check payable to<br>Florida Department of State |
|---|--|--|

10. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS        | CITY-ST-ZIP             | DELETE                              | CHANGE                   | ADDITION                 |
|-------|-------------------|-----------------------|-------------------------|-------------------------------------|--------------------------|--------------------------|
| PD    | JAMES, ROGER      | 925 CLEARVIEW AVENUE  | LAKELAND, FL 33801      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| VP    | CLAY, DALLAS      | 112 QUAILWOOD DR      | WINTER HAVEN, FL 33880  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| SD    | KOCHENBURGER, PAT | 8810 SIMPSON LANE     | LAKELAND, FL 33809      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TD    | HOOKS, WILBUR     | 5745 POINCIANA AVENUE | LAKELAND, FL 33809-3354 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| VPD   | KIWAK, TONY       | 4444 US 98N, #587     | LAKELAND, FL 33809      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ED    |                   |                       |                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME         | STREET ADDRESS         | CITY-ST-ZIP             | DELETE                              | CHANGE                   | ADDITION                 |
|-------|--------------|------------------------|-------------------------|-------------------------------------|--------------------------|--------------------------|
| VPD   | Priebe, Jack | 821 Hollingsworth Road | Lakeland, FL 33801-5819 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ED    |              |                        |                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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: *Wilbur Hooks* SIGNATURE AND/TYPED OR PRINTED NAME OF EXCERPT OFFICER OR DIRECTOR Date: **4/15/2005** Daytime Phone # **(863)858-3279**