

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90756 009 ***150.00

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1. Entity Name:
POLK AIRPORT TRANSPORTATION, INC.



Principal Place of Business
**711 ELIZABETH LANE
AUBURNDALE, FL 33823**

Mailing Address
**711 ELIZABETH LANE
AUBURNDALE, FL 33823**

2. Principal Place of Business
1213 Keystone Court
Suite, Apt. #, etc.

3. Mailing Address
1213 Keystone Court
Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State
AUBURNDALE, FL

City & State
AUBURNDALE, FL

4. FEI Number
59-3635048

Applied For
Not Applicable

Zip
33823

Country

Zip
33823

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TUCKER, CAROL J
711 ELIZABETH LANE
AUBURNDALE, FL 33823**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1213 Keystone Court

City **AUBURNDALE**

FL

Zip Code
33823

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TUCKER, CAROL J.**
STREET ADDRESS **711 ELIZABETH LANE**
CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **TUCKER, CAROL J.**
STREET ADDRESS **1213 Keystone Court**
CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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: **Carol J. Tucker** **CAROL J. TUCKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #