

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000026275**

1. Entity Name  
**C.F.S. OF POLK COUNTY, INC.**



Principal Place of Business

**2704 ARIANA BLVD  
AUBURNDALE, FL 33823**

Mailing Address

**2704 ARIANA BLVD  
AUBURNDALE, FL 33823**

**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**65-0999283**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, BARRY W  
106 AVENUE F. S.W.  
HAINES CITY, FL 33880**

**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

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, 2006 Fee will be \$550.00**

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

11010001465646

03/22/06-80045-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, JERRY W
STREET ADDRESS	2704 ARIANA BLVD
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	SMITH, STEPHANY P
STREET ADDRESS	2704 ARIANA BLVD
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	PEEBLES, SHELMA L
STREET ADDRESS	1800 HWY 92 W
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 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:

*Jerry W. Smith* **Jerry W. Smith** 3/8/06 (863) 412-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #