

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081582

Entity Name: POLK COUNTY POOLS, INC.

FILED  
Jan 07, 2012  
Secretary of State

**Current Principal Place of Business:**

11540 ROCKRIDGE ROAD  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

11540 ROCKRIDGE ROAD  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 59-3683990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCBRIDE, GINA M  
11540 ROCKRIDGE ROAD  
LAKELAND, FL 33809 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCBRIDE, GINA M  
Address: 11540 ROCKRIDGE ROAD  
City-St-Zip: LAKELAND, FL 33809

Title: V  
Name: MCBRIDE, THOMAS E  
Address: 11540 ROCKRIDGE ROAD  
City-St-Zip: LAKELAND, FL 33809

Title: D  
Name: MCBRIDE, THOMAS E JR  
Address: 11510 ROCKRIDGE ROAD  
City-St-Zip: LAKELAND, FL 33809

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GINA M MCBRIDE

P

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date