2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000009623

1. Entity Name
POLKOW CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
17164 ORIOLE RD FT. MYERS, FL 33912	17164 ORIOLE RD FT. MYERS, FL 33912

50036884

DO NOT WRITE IN THIS SPACE

03062005 -- No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
01-0583172		Not Applicable

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

6. Name and Address of Current Registered Agent

POLKOW, KEVIN
17164 ORIOLE RD
FT. MYERS, FL 33912

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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, 2005 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
NAME	POLKOW, KEVIN
STREET ADDRESS	17164 ORIOLE RD
CITY-ST-ZIP	FT. MYERS, FL 33912

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #