

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000009623

1. Entity Name
POLKOW CONSTRUCTION, INC.



Principal Place of Business
**12572 IVORY STONE LOOP
FT. MYERS, FL 33913**

Mailing Address
**12572 IVORY STONE LOOP
FT. MYERS, FL 33913**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0583172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POLKOW, KENT
12572 IVORY STONE LOOP
FT. MYERS, FL 33913**

**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

KENT Polkow

(NOTE: Registered Agent signature required when reinstating)

01/23/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000605670
01/30/07-80045-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLKOW, KENT
STREET ADDRESS	12572 IVORY STONE LOOP
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	D
NAME	POLKOW, CRAIG
STREET ADDRESS	12572 IVORY STONE LOOP
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENT Polkow

01/23/07
Date

239-273-7085
Daytime Phone #