

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000063802

1. Entity Name  
W. B. ENTERPRISES OF POLK COUNTY, INC.



Principal Place of Business  
205 AVENUE K S.E.  
WINTER HAVEN, FL 33880

Mailing Address  
205 AVENUE K S.E.  
WINTER HAVEN, FL 33880

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
68-0554754 ☐ Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BUSH, GEORGE TRENEN  
205 AVENUE K S.E.  
WINTER HAVEN, 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, 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 BUSH, GEORGE TRENEN  
STREET ADDRESS 205 AVENUE K S.E.  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D  
NAME WATSON, BILLY JOE  
STREET ADDRESS 4000 COUNTRY CLUB RD. SOUTH  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000198816  
01/27/05-80067-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

1-25-05