


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000168467 1. Entity Name POLK TITLE COMPANY	
--	---

Principal Place of Business 902 S FLORIDA AVE - STE 101 LAKELAND, FL 33803	Mailing Address 902 S FLORIDA AVE - STE 101 LAKELAND, FL 33803
--	--



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1999394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANIEL MEDINA, P.A.
902 S FLORIDA AVE - STE 101
LAKELAND, FL 33803

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHELBY, GLENN T
STREET ADDRESS	902 S FLORIDA AVE - STE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	MEDINA, DANIEL
STREET ADDRESS	902 S FLORIDA AVE - STE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	STARGEL, JOHN K
STREET ADDRESS	902 S FLORIDA AVE - STE 101
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000487787
04/14/06-80009-011 150.00

**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: _____

3/30/06 863-577-4000