




***2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000172443 1. Entity Name POLK BUILDING INSPECTIONS, INC.		
Principal Place of Business 3608 BLACK JACK COURT LAKE WALES, FL 33898	Mailing Address PO BOX 1007 LAKE WALES, FL 33859-1007	
DO NOT WRITE IN THIS SPACE		 04262006 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-2095069 <div style="float: right; font-size: small;">Applied For <input type="checkbox"/> Not Applicable</div>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PARTLOW, CHUCK 3608 BLACK JACK COURT LAKE WALES, FL 33898		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div style="font-family: monospace; font-size: small;">U00000550935 05/13/06-80080-017 150.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARTLOW, CHUCK 3608 BLACK JACK COURT LAKE WALES, FL 33898	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 04/28/06 <small>Daytime Phone #</small>