## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000021842

Entity Name: AES ENTERPRISES OF POLK, INC.

FILED Sep 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1597 LYLE PARKWAY 1295 S FIRST AVE

BARTOW, FL 33830 BARTOW, FL 33830 US US

**Current Mailing Address: New Mailing Address:** 

P. O. BOX 1564 1295 S FIRST AVE

BARTOW, FL 33831 BARTOW, FL 33830 US

FEI Number: 26-2084767 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOVETT, CHARLES E JR. LOVETT, CHARLES E JR. 1597 LYLE PARKWAY 1295 S FIRST AVE BARTOW, FL 33830 BARTOW, FL 33830 US

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.

SIGNATURE: CHARLES LOVETT JR 09/30/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete LOVETT, CHARLES E JR. LOVETT, CHARLES E JR. Name: Name: 1597 LYLE PARKWAY Address: 1295 S FIRST AVE Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: BARTOW, FL 33830

Title: Title: () Delete (X) Change ( ) Addition

Name: LOVETT, CHARLES E JR. Name: LOVETT, CHARLES E JR. 1597 LYLE PARKWAY Address: 1295 S FIRST AVE Address: BARTOW, FL 33830 BARTOW, FL 33830 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E LOVETT JR **PRES** 09/30/2009