

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059909

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: KATHERINE R. POLK, P.A.

## Current Principal Place of Business:

15450 LAGUNA HILLS DRIVE  
FORT MYERS, FL 33908 US

## New Principal Place of Business:

950 VICTORIA WAY  
SANIBEL, FL 33957 US

## Current Mailing Address:

15450 LAGUNA HILLS DRIVE  
FORT MYERS, FL 33908 US

## New Mailing Address:

950 VICTORIA WAY  
SANIBEL, FL 33957 US

FEI Number: 26-2847489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLK, KATHERINE R  
15450 LAGUNA HILLS DRIVE  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

POLK, KATHERINE R  
950 VICTORIA WAY  
SANIBEL, FL 33957 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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete  
Name: POLK, KATHERINE R  
Address: 15450 LAGUNA HILLS DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: TREA ( ) Delete  
Name: POLK, KATHERINE R  
Address: 15450 LAGUNA HILLS DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: SEC ( ) Delete  
Name: POLK, KATHERINE R  
Address: 15450 LAGUNA HILLS DRIVE  
City-St-Zip: FORT MYERS, FL 33908 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change ( ) Addition  
Name: POLK, KATHERINE R  
Address: 950 VICTORIA WAY  
City-St-Zip: SANIBEL, FL 33957 US

Title: TREA (X) Change ( ) Addition  
Name: POLK, KATHERINE R  
Address: 950 VICTORIA WAY  
City-St-Zip: SANIBEL, FL 33957 US

Title: SEC (X) Change ( ) Addition  
Name: POLK, KATHERINE R  
Address: 950 VICTORIA WAY  
City-St-Zip: SANIBEL, FL 33957 US

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: KATHERINE R POLK

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date