2605 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2005 8:00 am Secretary of State DOCUMENT # P94000093945 1. Entity Name 03-23-2005 90032 015 ***150.00 T.F.P. OF POLK COUNTY. INC. Principal Place of Business Mailing Address 1230 BUENA DRIVE LAKELAND FL 33805 1230 BUENA DRIVE LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3293073 Not Applicable Zip Country Ζip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEBO, DAVID K Street Address (P.O. Box Number is Not Acceptable) 1230 BUENA DRIVE LAKELAND FL 33805 Zip Code 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete PILKA, DANIEL F NAME 647 TEMPLE TERRACE STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP ____ Delete Change Addition TITLE TITLE NAME TEBO, DAVID K NAME 1230 BUENA DR STREET ADDRESS STREET ADDRESS akeland, FL 33805 CITY-ST-ZIP BRANDON FL 33805 CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME MAME STREET ADDRESS STREET ADDRESS 1230 Buena Drive CITY-ST-ZIP Lakeland, FL 33805 CITY-ST-7IP ☐ Change ☐ Delete TITLE **X** Addition TITLE Hardin, Cindy Ann 1230-Buena Brive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

David K. Tebo, VicePresident 3/18/05 (863)665-3149

FILED