

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000006194

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** CARLTON POLK & ASSOCIATES INC.

**Current Principal Place of Business:**

211 N HESPIRDES  
TAMPA, FL 336092041

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 24144  
TAMPA, FL 33623 US

**New Mailing Address:**

**FEI Number:** 59-3285868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLK, CARLTON  
211 N HESPIRDES  
TAMPA, FL 336092041 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POLK, CARLTON  
Address: 211 N HESPIRDES  
City-St-Zip: TAMPA, FL 33609 20

Title: SVP  
Name: MARY JANE POLK  
Address: 211 N. HESPERIDES  
City-St-Zip: TAMPA, FL 33609 20

I hereby 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 all other like empowered.

SIGNATURE: CARLTON POLK

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date