2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000069201

1. Entity Name
C. MICHAEL POLK, III, P.A.

Principal Place of Business	Mailing Address
660 CHARLOTTE STREET SUITE 5 PUNTA GORDA, FL 33950 US	P O BOX 510215 PUNTA GORDA, FL 33951 US

DO NOT WRITE IN THIS SPACE

02052007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0505259		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

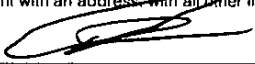POLK, C. MICHAEL III
660 CHARLOTTE ST STE5
PUNTA GORDA, FL 33950

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000629330 02/16/07-80053-006 150.00

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	POLK, C. MICHAEL III
STREET ADDRESS	660 CHARLOTTE ST STE 5
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/3/1?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #