

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21948

Entity Name: R.E.S. OF POLK COUNTY, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

650 SARATOGA CIRCLE
203-C
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O PARKER & O'GRADY
PO BOX 249
SOUTHAMPTON, MA 01073 US

New Mailing Address:

FEI Number: 59-3045536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS III, C.B.
130 E CENTRAL AVE
LAKE WALES, FL 33853 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SCHMIDT, BARBARA A
Address: 650 SARATOGA CIRCLE, 203-C
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: HUCKOWITZ, EDWARD
Address: P.O. BOX 387
City-St-Zip: HADLEY, MA 01035

Title: D () Delete
Name: SCHMIDT, BARBARA A
Address: 650 SARATOGA CIRCLE, 203-C
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: FIRST FINANCIAL TRUS, T, N.A.
Address: 2223 WASHINGTON STREET, SUITE 306
City-St-Zip: NEWTON, MA 02462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BARBARA A. SCHMIDT

P

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date