


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90047 016 ***150.00

DOCUMENT # V57652 1. Entity Name R.K.G. OF POLK COUNTY, INC.	
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40018111



01262007 Chg-P CR2E034 (12/06)

Principal Place of Business 220 HILLSIDE DR BABSON PARK, FL 33827	Mailing Address 220 HILLSIDE DR BABSON PARK, FL 33827
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2. Principal Place of Business - No P.O. Box # 1104 Country Club Dr.	3. Mailing Address 1104 Country Club Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Wales, Florida	City & State Lake Wales, Florida
Zip 33898	Country
Country	Zip 33898
Country	Country

6. Name and Address of Current Registered Agent GODWIN, ROYCE K SR 220 HILLSIDE DR BABSON PARK, FL 33827	
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7. Name and Address of New Registered Agent Name Royce K. Godwin, Sr. Street Address (P.O. Box Number is Not Acceptable) 1104 Country Club Dr. City Lake Wales FL Zip Code 33898	
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: <u>Royce K. Godwin Sr. Pres.</u> <u>2/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GODWIN, ROYCE K., SR. 220 HILLSIDE DR BABSON PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Royce K. Godwin, Sr. 1104 Country Club Dr. Lake Wales, FL 33898 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Royce K. Godwin Sr. Pres.</u> <u>2/5/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>