


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P000001,14670
1. Entity Name
POSEIDON FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address
2399 TREASURE ISLE DRIVE 2399 TREASURE ISLE DRIVE
SUITE 20 SUITE 20
PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1064040 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MIRGUET, WILLIAM F III
2399 TREASURE ISLE DR
UNIT 20
WEST PALM BEACH, FL 33410

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer (see case). (NOTE: Registered Agent signature required with a filing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PCEO MIRGUET, WILLIAM F III 2349 TREASURE ISLE DR UNIT 20 WEST PALM BEACH, FL 33410
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02/10/05-80023-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: William F. Mirquet III 2/1/05 (561) 691-5041
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date License No. * 1000000223014