


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000002621</b>	
1. Entity Name <b>POYNER CONSULTING GROUP, INC.</b>	

Principal Place of Business <b>15789 CYPRESS CHASE LANE WELLINGTON, FL 33414-6355</b>	Mailing Address <b>15789 CYPRESS CHASE LANE WELLINGTON, FL 33414-6355</b>
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3587258</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>POYNER, ROBERT 15789 CYPRESS CHASE LANE WELLINGTON, FL 33414-6355</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Robert L. Poyner Jr.* *President* *2-9-05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POYNER, ROBERT L 15789 CYPRESS CHASE LANE WELLINGTON, FL 334146355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POYNER, KELLY E 15789 CYPRESS CHASE LANE WELLINGTON, FL 334146355
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02/11/05-80038-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert L. Poyner Jr.* *2-9-05* *561-722-4759*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #