

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 606873

FILED
Jan 04, 2006
Secretary of State

Entity Name: RALPH POE INVESTMENTS, INC.

Current Principal Place of Business:

499 LAKE DOE BLVD.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

499 LAKE DOE BLVD.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2252186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POE, NANCY
499 LAKE DOE BLVD.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

POE, NANCY PD
499 LAKE DOE BLVD.
APOPKA, FL 32703 US

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: NANCY POE

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POE, NANCY,
Address: 499 LAKE DOE BLVD.
City-St-Zip: APOPKA, FL

Title: STD () Delete
Name: POE, NANCY
Address: 499 LAKE DOE BLVD.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NANCY POE

PD

01/04/2006

Electronic Signature of Signing Officer or Director

Date