2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 732815

Entity Name: THE PO' FELLERS, INC.

Current Principal Place of Business:

7970 25TH AVE N
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

7970 25TH AVE N
ST PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-2978576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FESTA, MIKE
7970 25TH AVE N.
ST PETERSBURG, FL 33710 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

OFFICERS AND DIRECTORS:

Title: T/S ( ) Delete
Name: FESTA, MIKE
Address: 7970 25 AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: P ( ) Delete
Name: WILLIAMS, JIM
Address: 902 CANDLEWOOD AVE.
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: LOVELL, TULLY
Address: 11775 4TH E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP ( ) Delete
Name: LYNN, PETER
Address: 2101 COUNTRY CLUB RD N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete
Name: STEVE, BOSICK
Address: 10800 US 19 NORTH APT#143
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete
Name: ROBERT, MORRISON
Address: P.O. BOX 2
City-St-Zip: SALEM, FL 32356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WILLIAMS, JIM
Address: 902 CANDLEWOOD AVE.
City-St-Zip: TAMPA, FL 33603

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

Title: P (X) Change ( ) Addition
Name: LYNN, PETER
Address: 2101 COUNTRY CLUB RD N
City-St-Zip: ST PETERSBURG, FL 33710

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

Title: VP (X) Change ( ) Addition
Name: DENNIS, WILSON
Address: 19247 PHILLIPS RD.
City-St-Zip: BROOKSVILLE, FL 34604

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE FESTA T/S 04/26/2005
Electronic Signature of Signing Officer or Director Date