


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90047 016 ***150.00

DOCUMENT # G12675
 1. Entity Name
W.F. POE SYNDICATE, INC.



Principal Place of Business Mailing Address
302 KNIGHTS RUN AVE., STE. 700 **302 KNIGHTS RUN AVE., STE. 700**
TAMPA, FL 33602 US **TAMPA, FL 33602 US**

54004035

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



01192004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2243262 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

POE, WILLIAM F
302 KNIGHTS RUN AVE., STE. 700
TAMPA, FL 33602

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOSTER, KEREN P			NAME			
STREET ADDRESS	511 BAY STREET, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUNSKIS, MARILYN			NAME			
STREET ADDRESS	511 BAY STREET, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, JANICE			NAME			
STREET ADDRESS	511 BAY STREET, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOE, WILLIAM F SR.			NAME	POE, WILLIAM F. SR.		
STREET ADDRESS	511 BAY STREET, SUITE 400			STREET ADDRESS	302 KNIGHTS RUN AVENUE, STE. 700		
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP	TAMPA, FL 33602		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POE, WILLIAM F			NAME	JAMES E. WURDEMAN		
STREET ADDRESS	511 W BAY STREET STE 400			STREET ADDRESS	302 KNIGHTS RUN AVENUE, STE. 700		
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP	TAMPA, FL 33602		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POE, CHARLES E			NAME			
STREET ADDRESS	511 W BAY STREET STE 400			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP			

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 empowerments.

SIGNATURE: *William F. Poe* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
WILLIAM F. POE, SR.

Date: *2/9/04* Daytime Phone #: *813/259-4076*