

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 016 \*\*\*150.00

**DOCUMENT # G12675**



1. Entity Name  
**W.F. POE SYNDICATE, INC.**

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

60008961



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number **59-2243262** Applied For Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**POE, WILLIAM F SR.**  
**302 KNIGHTS RUN AVENUE, STE. 700**  
**TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 **D**  Delete  
 NAME **POE, WILLIAM F SR.**  
 STREET ADDRESS **302 KNIGHTS RUN AVENUE, STE. 700**  
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **WURDEMAN, JAMES E**  
 STREET ADDRESS **302 KNIGHTS RUN AVENUE, STE. 700**  
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Poe, Sr.*  
**WILLIAM F. POE, SR.**

**1/20/07** Date **(813) 259-4000** Daytime Phone #