

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12675

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602 US

**New Principal Place of Business:**

601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602 US

**Current Mailing Address:**

302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602 US

**New Mailing Address:**

601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602 US

FEI Number: 59-2243262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

POE, WILLIAM F SR.  
601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/16/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: POE, WILLIAM F SR.  
Address: 601 N. ASHLEY DRIVE, SUITE 200  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM F. POE, SR.

D

04/16/2010

Electronic Signature of Signing Officer or Director

Date