

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000011568

1. Entity Name
POE IN ACTION, INC.



Principal Place of Business
890 LEXINGTON RD
PENSACOLA, FL 32514

Mailing Address
890 LEXINGTON RD
PENSACOLA, FL 32514



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1107307

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DONOFRIO, ROBERT
890 LEXINGTON RD
PENSACOLA, FL 32514

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HOWARD, MARCIA
STREET ADDRESS 855 HWY 297A
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE DV
NAME ELLIS, HOLLY
STREET ADDRESS 1282 TATE ROAD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE DST
NAME DONOFRIO, ROBERT
STREET ADDRESS 890 LEXINGTON RD
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE
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U00000531518
05/06/06-80048-002 70.00

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IN THIS SPACE**

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 617, 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:

Robert Donofrio **ROBERT DONOFRIO**

4/21/06

850-484-3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #