

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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

**FILED  
Apr 10, 2008 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



04062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 33-1107307	<input type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DONOFRIO, ROBERT  
890 LEXINGTON RD  
PENSACOLA, FL 32514

**DO NOT WRITE  
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, 2008**

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

UD000000890133  
04/22/08-80082-008 61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

*April 7, 2008*

Date

850-484-3560

Daytime Phone #