

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

**DOCUMENT # N07000002360**

1. Entity Name  
**POEFACES INC.**



Principal Place of Business  
**7833 ALLSPICE CIR W  
JACKSONVILLE, FL 32244**

Mailing Address  
**7833 ALLSPICE CIR W  
JACKSONVILLE, FL 32244**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008

Chg-NP

CR2E037 (12/06)

4. FEI Number

**208607100**

Applied For

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

**JAMES, ALLEN E  
7833 ALLSPICE CIR W  
JACKSONVILLE, FL 32244**

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

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

(NOTE: Registered Agent signature required when re-instating)

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CEO  
JAMES, ALLEN E  
7833 ALLSPICE CIR W  
JACKSONVILLE, FL 32244** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BOLTON, DERICK  
7833 ALLSPICE CIR W  
JACKSONVILLE, FL 32244** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Allen E. James* **ALLEN E. JAMES** 01-18-2008 904-910-8505

## ATTACHMENT

66000249  
#NO7000002360

POEFAGES. (ANNUAL REPORT)

\* NO changes to be made \*

Principal Address: 7833 Allspice Circle W., Jax, Fla. 32244

Registered Agent: ALLEN E. JAMES, 7833 Allspice Circle W., Jax, Fla. 32244

### OFFICERS

ALLEN E. JAMES : Address: " "

DERREK BOLTON: " "

Federal Emp Identification # 20-8607100

---