2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102331

Entity Name: POE INSURANCE HOLDINGS, INC.

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

302 KNIGHTS RUN AVE., STE. 700 TWO HARBOUR PLACE

TAMPA, FL 33602 302 KNIGHTS RUN AVENUE, SUITE 700

TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

302 KNIGHTS RUN AVE., STE. 700 TWO HARBOUR PLACE

TAMPA, FL 33602 302 KNIGHTS RUN AVENUE, SUITE 700

TAMPA, FL 33602

FEI Number: 59-3684292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KRZESINSKI, THOMAS S MEDER, JAN J 302 KNIGHTS RUN AVE., STE. 700 302 KNIGHTS RUN AVENUE

TAMPA, FL 33602 SUITE 700 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: THOMAS S. KRZESINSKI 03/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

Name: MEDER, JAN J Name: POE, WILLIAM F SR 302 KNIGHTS RUN AVENUE, SUITE 700 302 KNIGHTS RUN AVENUE, SUITE 700 Address: Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: **TAMPA FL 33602**

Title: VCD Title: () Delete (X) Change () Addition

POE, SR., WILLIAM F Name: Name: POE. WILLIAM F JR

302 KNIGHTS RUN AVENUE, SUITE 700 302 KNIGHTS RUN AVENUE, SUITE 700 Address: Address:

TAMPA, FL 33602 City-St-Zip: City-St-Zip: TAMPA, FL 33602

Title: () Delete Title: (X) Change () Addition VCD. PD

POE JR, WILLIAM F WURDEMAN, JAMES E Name: Name:

302 KNIGHTS RUN AVENUE, SUITE 700 302 KNIGHTS RUN AVENUE, SUITE 700 Address: Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

Title: **VPDT** () Delete Title: TD (X) Change () Addition POE, CHARLES E POE, CHARLES E Name: Name:

Address: 302 KNIGHTS RUN AVENUE, SUITE 700 Address: 302 KNIGHTS RUN AVENUE, SUITE 700

City-St-Zip: City-St-Zip: TAMPA, FL 33602 TAMPA, FL 33602

Title: Title: () Delete (X) Change $\ (\)$ Addition

MITCHELL, JANICE P POE, CHARLES W Name: Name: 119 HICKORY CREEK BLVD. Address: 905 GOLFVIEW Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: TAMPA, FL 33629

Title: () Delete Title: CFO (X) Change () Addition POE LUNSKIS, MARILYN Name: Name: MEDER, JAN J

8 BAHAMA CIRCLE 302 KNIGHTS RUN AVENUE, SUITE 700 Address: Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS S. KRZESINSKI S 03/14/2005