2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P01000002799

Entity Name: POE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

4609 U.S. HIGHWAY 17-92 WEST
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 627
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3694814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POE, NANCY
4609 US HWY 17-92 W
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: POE, NANCY
Address: 4609 U.S. HIGHWAY 17-92 WEST
City-St-Zip: HAINES CITY, FL 33844

Title: DPT ( ) Delete
Name: MINOR, DEBI
Address: 17 EAST PALM STREET
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DEBI MINOR DPT 04/25/2005

Electronic Signature of Signing Officer or Director Date