

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

05-06-2004 90190 005 ***150.00

DOCUMENT # P03000134431 1. Entity Name POINDEXTER ENTERPRISES, CORP.																																																																																																																																																											
Principal Place of Business 3109 W. GRACE STREET TAMPA, FL 33607			Mailing Address 3109 W. GRACE STREET TAMPA, FL 33607																																																																																																																																																								
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City & State			City & State																																																																																																																																																								
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4. FEI Number 20-0537360																																																																																																																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																											
6. Name and Address of Current Registered Agent POINDEXTER, ROBIN J 3109 W. GRACE STREET TAMPA, FL 33607			7. Name and Address of New Registered Agent 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: <i>Robin J. Poinexter</i> DATE: 5-1-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PD POINDEXTER, ROBIN J</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>POINDEXTER, ROBIN J</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3109 W. GRACE STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>BENJAMIN, DEMENE C</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3109 W. GRACE STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>KAZADI, MONIQUE N</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3109 W. GRACE STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>FELDER, BOBBI N</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3109 W. GRACE STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>POINDEXTER, WENDEL C</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3109 W. GRACE STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33607</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PD POINDEXTER, ROBIN J	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	POINDEXTER, ROBIN J		NAME			STREET ADDRESS	3109 W. GRACE STREET		STREET ADDRESS			CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP			TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	BENJAMIN, DEMENE C		NAME			STREET ADDRESS	3109 W. GRACE STREET		STREET ADDRESS			CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP			TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	KAZADI, MONIQUE N		NAME			STREET ADDRESS	3109 W. GRACE STREET		STREET ADDRESS			CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP			TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	FELDER, BOBBI N		NAME			STREET ADDRESS	3109 W. GRACE STREET		STREET ADDRESS			CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP			TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	POINDEXTER, WENDEL C		NAME			STREET ADDRESS	3109 W. GRACE STREET		STREET ADDRESS			CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																											
SIGNATURE: <i>Robin J. Poinexter</i> DATE: 5-01-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																											

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