

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90021 041 \*\*\*158.75

**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**

**50057064**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**20-0537360**

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

**POINDEXTER, ROBIN J  
3109 W. GRACE STREET  
TAMPA, FL 33607**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.183(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME POINDEXTER, ROBIN J  
STREET ADDRESS 3109 W. GRACE STREET  
CITY-ST-ZIP TAMPA, FL 33607

TITLE VD ☐ Change ☒ Addition  
NAME Cherec Poinexter - Miller  
STREET ADDRESS 3109 W. GRACE ST  
CITY-ST-ZIP TAMPA, FL 33607

TITLE SD ☐ Delete  
NAME BENJAMIN, DEMENE C  
STREET ADDRESS 3109 W. GRACE STREET  
CITY-ST-ZIP TAMPA, FL 33607

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

TITLE TD ☐ Delete  
NAME KAZADI, MONIQUE N  
STREET ADDRESS 3109 W. GRACE STREET  
CITY-ST-ZIP TAMPA, FL 33607

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

TITLE VD ☐ Delete  
NAME FELDER, BOBBI N  
STREET ADDRESS 3109 W. GRACE STREET  
CITY-ST-ZIP TAMPA, FL 33607

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

TITLE VD ☐ Delete  
NAME POINDEXTER, WENDEL C  
STREET ADDRESS 3109 W. GRACE STREET  
CITY-ST-ZIP TAMPA, FL 33607

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-1-05**

Date

Daytime Phone #