

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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



04272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000933435
05/22/08-80095-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POINDEXTER, ROBIN J
STREET ADDRESS	3109 W. GRACE STREET
CITY-STATE-ZIP	TAMPA, FL 33607
TITLE	SD
NAME	BENJAMIN, DEMENE C
STREET ADDRESS	3109 W. GRACE STREET
CITY-STATE-ZIP	TAMPA, FL 33607
TITLE	TD
NAME	KAZADI, MONIQUE N
STREET ADDRESS	3109 W. GRACE STREET
CITY-STATE-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	FELDER, BOBBI N
STREET ADDRESS	3109 W. GRACE STREET
CITY-STATE-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	POINDEXTER, WENDEL C
STREET ADDRESS	3109 W. GRACE STREET
CITY-STATE-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	POINDEXTER-MILLER, CHEREE
STREET ADDRESS	3109 W. GRACE STREET
CITY-STATE-ZIP	TAMPA, FL 33607

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IN THIS SPACE**

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 507, 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

Robin J. Poinexter 4-26-08
Date Daytime Phone #