

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 036 ***150.00

DOCUMENT # P04000044685

1. Entity Name

D.E. POE & ASSOCIATES, INC.



Principal Place of Business

1509 SUNSET VILLAGE BLVD.
CLERMONT FL 34711
US

Mailing Address

1509 SUNSET VILLAGE BLVD.
CLERMONT FL 34711
US

40010100



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

7165 sunnyside Dr

Suite, Apt. #, etc.

3. Mailing Address

7165 sunnyside Dr

Suite, Apt. #, etc.

City & State

Leesburg FL

Zip 34748

Country USA

City & State

Leesburg FL

Zip 34748

Country USA

4. EEL Number

56-2460337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POE, DARLENE E
1509 SUNSET VILLAGE BLVD.
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Poe Darlene E

Street Address (P.O. Box Number is Not Acceptable)

7165 sunnyside Drive

City

Leesburg

FL

Zip Code

34748

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME POE, DARLENE E
STREET ADDRESS 1509 SUNSET VILLAGE BLVD.
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Darlene Estelle Poe Darlene Estelle Poe 2-7-2005 3525360425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #