

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000083012

Entity Name: POE INVESTMENTS, INC.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 59-3278341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POE, WILLIAM F SR  
601 N. ASHLEY DRIVE  
SUITE 200  
TAMPA, FL 33602 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: POE, WILLIAM F SR.  
Address: 601 N. ASHLEY DRIVE  
City-St-Zip: TAMPA, FL 33602

Title: VP  
Name: POE, CHARLES E  
Address: 601 N. ASHLEY DRIVE, SUITE 200  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM F. POE, SR.

DPS

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date