

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000004597**

1. Entity Name  
POE FINANCIAL GROUP, INC.



Principal Place of Business  
302 KNIGHTS RUN AVE., STE. 700  
TAMPA, FL 33602 US

Mailing Address  
302 KNIGHTS RUN AVE., STE. 700  
TAMPA, FL 33602 US



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3354749</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

POE, CHARLES E  
302 KNIGHTS RUN AVE., STE. 700  
TAMPA, FL 33602

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	POE, WILLIAM F SR.
STREET ADDRESS	302 KNIGHTS RUN AVE., STE. 700
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VCD
NAME	POE, WILLIAM F JR
STREET ADDRESS	302 KNIGHTS RUN AVE., STE. 700
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	TD
NAME	POE, CHARLES E
STREET ADDRESS	302 KNIGHTS RUN AVENUE, SUITE 700
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	LUNSKIS, MARILYN P
STREET ADDRESS	8 BAHAMA CIR
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	SMITH, KEREN P
STREET ADDRESS	68 LADOGA
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000914920  
05/08/08-80072-015 150.00

**DO NOT WRITE  
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 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

**4/4/08** **813/259-4000**  
Date Daytime Phone #