
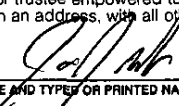


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 037 \*\*\*150.00

<b>DOCUMENT # P96000041305</b> 1. Entity Name <b>POE INSURANCE MANAGERS, INC.</b>					
Principal Place of Business <b>302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602 US</b>			Mailing Address <b>302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>MEDER, JAN J. 302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO POE, WILLIAM JR. 511 W. BAY STREET, STE 400 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POE, CHARLES E 511 W. BAY STREET, STE 400 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/P 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, KEREN P 511 W. BAY STREET, STE 400 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>-68-LADOGA- TAMPA, FL 33606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUNSKIS, MARILYN P 511 W. BAY STREET, STE 400 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8-BAHAMA-CIRCLE TAMPA, FL 33606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MITCHELL, JANICE P 511 W. BAY STREET, STE 400 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>119 HICKORY CREEK BLVD. BRANDON, FL 33511</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP WURDEMAN, JAMES E 511 BAY ST STE 400 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602</b>	
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.					
<b>SIGNATURE:</b> 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JAN J. MEDER</b>		
			2/3/2004 <small>Date</small>		813-259-4004 <small>Daytime Phone #</small>

Attachment  
44008114

**POE INSURANCE MANAGERS, INC.**  
**2004 UNIFORM BUSINESS REPORT**  
**DOCUMENT # P96000041305**  
**FEI NUMBER: 59-3381280**

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**CHANGES:**

S/T/CFO  
MEDER, JAN J.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

EVP  
~~DOLLAR, BOBBY C.~~  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

SrVP  
SOARES, BARBARA A.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

SrVP  
GOUGH, DAVID E.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

**ADDITIONS:**

VP  
RUSSELL, C. LEE  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

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VP  
JONES, RANDOLPH F.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602