


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-09-2004 90047 015 ***150.00

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # P96000043009 1. Entity Name POE & ASSOCIATES, INC. | | | |  | |
| Principal Place of Business 302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602 | | | Mailing Address 302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3404823 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MEDER, JAN J 302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPD POE, WILLIAM JR. 206 LOCUST DR. BRANDON, FL 33511 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POE, WILLIAM SR. 511 BAY ST STE 400 TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POE, CHARLES E 511 BAY ST STE 400 TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUNSKIS, MARILYN P 8 BAHAMA CIRCLE TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MITCHELL, JANICE 511 BAY ST STE 400 TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOT MEDER, JAN JACOB 511 BAY ST STE 400 TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 302 KNIGHTS RUN AVENUE, STE. 800 TAMPA, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 119 HICKORY CREEK BLVD. BRANDON, FL 33511 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/CFOT 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>JAN J. MEDER</u> JAN J. MEDER <u>2/3/2004</u> <u>813-259-4004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

Attachment

54004036

POE & ASSOCIATES, INC.
2004 UNIFORM BUSINESS REPORT
DOCUMENT # P96000043009
FEI NUMBER: 59-3404823

CHANGES:

D
SMITH, KEREN P.
68 LADOGA
TAMPA, FL 33606

EVP/COO
GOUGH, DAVID E.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602

EVP/D
WURDEMAN, JAMES E.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602
