2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-25-2004 90035 032 ***158.75

DOCUMENT # P00000071461

1. Entity Name
ADVANCED SIGN SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3218 SARASOTA AVENUE PANAMA CITY, FL 32405	3218 SARASOTA AVENUE PANAMA CITY, FL 32405

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3673513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARE, DIANE C CPA
3003 S HWY 77
SUITE A
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name: Stephen W. Dring
Street Address (P.O. Box Number is Not Acceptable): 3218 Sarasota Avenue
City: Panama City FL Zip Code: 32405

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: STEPHEN W. DRING, P/D [signature] DATE: 2/24/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	P/D	☒ Change ☐ Addition
NAME	DRING, STEPHEN		NAME		
STREET ADDRESS	PO BOX 1058		STREET ADDRESS	2604 BRIARCLIFF ROAD	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	☐ Delete	TITLE	S/T/D	☒ Change ☐ Addition
NAME	DRING, PAULA		NAME		
STREET ADDRESS	PO BOX 1058		STREET ADDRESS	2604 BRIARCLIFF ROAD	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Paula A. Dring 2/24/04 850-914-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #