

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P0000094852</b> 1. Entity Name <b>MOTT SIGN CORPORATION</b>	
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Principal Place of Business <b>479 OLD FLA ST. RD. 10 VALPARAISO FL 32580</b>	Mailing Address <b>PO BOX 215 VALPARAISO FL 32580</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/04)

City & State Zip      Country	City & State Zip      Country
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4. FEI Number <b>59-3124534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>MOTT, JACKIE C 479 OLD FLA ST. RD. 10 VALPARAISO FL 32580</b>
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST <input type="checkbox"/> Delete <b>MOTT, JACKIE C P O BOX 215 VALPARAISO FL 32580</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>MOTT, JACKIE C P O BOX 215 VALPARAISO FL 32580</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-weight: bold;">                         U00000299222                          04/11/05-80097-023 150.00                     </div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input 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 supplementary 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: *Jackie C. Mott Sr*      **JACKIE C. MOTT SR**      **APRIL 4, 2005**      **850-678-4811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #