

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S84116	
1. Entity Name M & S SIGNS, INC.	
Principal Place of Business	Mailing Address
102 DRENNEN RD SUITE C-9 ORLANDO, FL 32806 US	102 DRENNEN RD. SUITE C9 ORLANDO, FL 32806 US



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

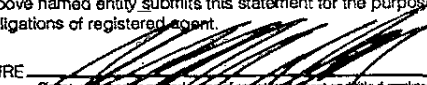
4. FEI Number 59-3090367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDRA SUE BOATWRIGHT
 4625 TAMWORTH CT.
 ORLANDO, FL 32839

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 1-7-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

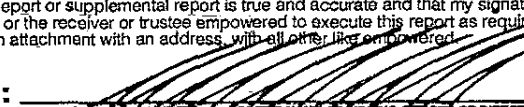
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BOATWRIGHT, SANDRA SUE 4625 TAMWORTH COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOATWRIGHT, MICHELLE C. 4625 TAMWORTH CT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MEREDITH L. BOATWRIGHT II 4625 TAMWORTH CT. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000178080
 01/12/05-80014-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1-7-05 407 855 9162 DAYTIME PHONE #