

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096075

FILED
Jan 28, 2004
Secretary of State

Entity Name: CARTER'S SIGN SHOP, INC.

Current Principal Place of Business:

2487 LINWOOD AVENUE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2487 LINWOOD AVENUE
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-0650931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, SHARE-IN Y
2487 LINWOOD AVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REARDON, SHARE-IN Y
Address: 3340 24TH AVE. S.E.
City-St-Zip: NAPLES, FL 34117

Title: T () Delete
Name: CARTER, ESTELLE
Address: 615 BOUGAINVILLEA CT.
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: REARDON, MARCUS G
Address: 3340 24TH AVE. S.E.
City-St-Zip: NAPLES, FL 34117

Title: S () Delete
Name: ROBERTS, NICOLE S
Address: 183 S.W. HOLSTEIN
City-St-Zip: FT. WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARE-IN Y REARDON

P

01/28/2004

Electronic Signature of Signing Officer or Director

Date