

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90452 028 ***150.00

DOCUMENT # F98000005057	
1. Entity Name ADVANTAGE SIGN SUPPLY, INC.	

Principal Place of Business P.O. BOX 888684 GRAND RAPIDS, MI 49588-8684	Mailing Address P.O. BOX 888684 GRAND RAPIDS, MI 49588-8684
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
02122004 Chg-P	CR2E034 (10/03)
4. FEI Number 38-2917739	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FARINA, JOHN 5313 56TH COMMERCE PARK BLVD TAMPA, FL 33610		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 *John Farina* DATE *4-12-04*

(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NOVITSKY, JAMES R 760 CRAHEN NE GRAND RAPIDS, MI ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gary Van Dyke 4668 Chrisopher Place Dallas, TX 75204 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOLWERDA, PAUL A 2346 MISSION HILLS DR S.E. GRAND RAPIDS, MI ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Russell Herman 4210 Glen Hollow Dr Hudsonville, MI. 49426 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Russ Herman* DATE: *04-12-04* (616) 554-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR