

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001087

**Entity Name:** VALLEY CITY SIGN COMPANY

**Current Principal Place of Business:**

5009 WEST RIVER DRIVE  
COMSTOCK PARK, MI 49321

**Current Mailing Address:**

5009 WEST RIVER DRIVE  
COMSTOCK PARK, MI 49321

**FEI Number:** 38-2137837

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, COB  
Name            CZUBKO, RANDY  
Address        5009 WEST RIVER DRIVE  
City-State-Zip: COMSTOCK PARK MI 49321

Title            DIRECTOR  
Name            KOVALAK, JUDSON JR.  
Address        5009 WEST RIVER DRIVE  
City-State-Zip: COMSTOCK PARK MI 49321

Title            TREASURER, SECRETARY  
Name            KIEL, LINDA  
Address        5009 WEST RIVER DRIVE  
City-State-Zip: COMSTOCK PARK MI 49321

Title            DIRECTOR  
Name            CHRISTOPHER, FRANCIS  
Address        5009 WEST RIVER DRIVE  
City-State-Zip: COMSTOCK PARK MI 49321

Title            DIRECTOR  
Name            SPAHN, THOMAS  
Address        5009 WEST RIVER DRIVE  
City-State-Zip: COMSTOCK PARK MI 49321

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA A KIEL

**CONTROLLER**

**04/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date