

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-07-2004 90003 024 ***150.00

DOCUMENT # 279060	
1. Entity Name GAINESVILLE NEON & SIGNS, INC.	

Principal Place of Business 618 SOUTH MAIN STREET GAINESVILLE, FL 32601	Mailing Address 618 SOUTH MAIN STREET GAINESVILLE, FL 32601
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66430401



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1032527	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKINNEY, GEORGE WILSON 618 S MAIN GAINESVILLE, FL 32601
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIGGS, WILLIAM R RT 2 BOX 270 NEWBERRY, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINNEY, GEORGE WILSON 1118 NW 43RD AVENUE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCKINNEY, MARK WILSON RT. 4 BOX 464 NA ALACHUA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*pd 7/2/04
cert 25734*

**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)(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: W. R. Griggs **W.R. Griggs** 7/16/04 352-376-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #