

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90012 050 ***150.00

DOCUMENT # 339701

1. Entity Name

BOONE SIGN ERECTION AND SERVICE INC



Principal Place of Business

**28 W MICHIGAN
ORLANDO FL 32806**

Mailing Address

**28 W MICHIGAN
ORLANDO FL 32806**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1226483

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

**BOONE, ROBERT
4408 SEILS WAY
ORLANDO FL 32806**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BOONE, ROBERT D	
STREET ADDRESS	4408 SEILS WAY	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VD	☐ Delete
NAME	BOONE, WILLIAM C	
STREET ADDRESS	2310 S. MAYER ST.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	PT	☐ Delete
NAME	BOONE, ROBERT	
STREET ADDRESS	4408 SEILS WAY	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	SD	☐ Delete
NAME	EVANS, JEANNETTE	
STREET ADDRESS	801 E MICHIGAN	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres 10

02-12-2008