

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90059 019 ***150.00

DOCUMENT # 387305

1. Entity Name
J. FELDMAN SIGNS, INC.



Principal Place of Business
**3911 SW 12 COURT
FORT LAUDERDALE, FL 33312**

Mailing Address
**3911 SW 12 COURT
FORT LAUDERDALE, FL 33312**

44003217



01082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1361870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FELDMAN, MARK T.
12060 N.W. 27TH ST.
PLANTATION, FL 33323**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, JANE C	
STREET ADDRESS	11780 SW 3RD ST.	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, CARROL C	
STREET ADDRESS	11780 SW 3RD ST.	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FELDMAN, LINDSAY D	
STREET ADDRESS	12060 NW 27TH ST	
CITY-ST-ZIP	PLANTATION, FL 00000,	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FELDMAN, MARK T	
STREET ADDRESS	12060 NW 27TH ST	
CITY-ST-ZIP	PLANTATION, FL 00000,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 duties like empowered.

SIGNATURE: *Mark T. Feldman* **MART T. FELDMAN** 1-15-04 954-581-3928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #