

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**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**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

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, 2005 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
NAME	JONES, JANE C
STREET ADDRESS	11780 SW 3RD ST.
CITY-ST-ZIP	PLANTATION, FL
TITLE	V
NAME	JONES, CARROL C
STREET ADDRESS	11780 SW 3RD ST.
CITY-ST-ZIP	PLANTATION, FL
TITLE	S
NAME	FELDMAN, LINDSAY D
STREET ADDRESS	12060 NW 27TH ST
CITY-ST-ZIP	PLANTATION, FL 00000,
TITLE	PD
NAME	FELDMAN, MARK T
STREET ADDRESS	12060 NW 27TH ST
CITY-ST-ZIP	PLANTATION, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/05-80004-001 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-05 954 581-3928**

Date

Daytime Phone #