


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 649248	
1. Entity Name GEORGE MARKHAM AND SONS SIGNS, INC.	

Principal Place of Business 1401 BARRANCAS AVENUE PENSACOLA, FL 32501	Mailing Address 1401 BARRANCAS AVENUE PENSACOLA, FL 32501
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2076411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, CAMERON
1401 BARRANCAS AVENUE
PENSACOLA, FL 32501**

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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 *Cameron Clark* *4/21/06*
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000541083 05/10/06-80041-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CLARK, CAMERON 11412 PALAFOX PL APT 2 PENSACOLA, FL 32501
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Cameron Clark* *4/21/06* *850-433-3032*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #