

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 013 ****61.25

DOCUMENT # 719170

1. Entity Name
FLORIDA SIGN ASSOCIATION, INC.



Principal Place of Business
1215 ANTHONY AVENUE
COLUMBIA, SC 29201 US

Mailing Address
1215 ANTHONY AVENUE
COLUMBIA, SC 29201 US

40018188



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 59-3127814 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HOWARD, PATRICE
4493 36TH ST. SOUTHWEST
ORLANDO, FL 32811

**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 Patrice W. Howard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | VP |
| NAME | BOYD, MIKE |
| STREET ADDRESS | 3649 PROGRESS AVE |
| CITY-ST-ZIP | NAPLES, FL 34104 |
| TITLE | S |
| NAME | YESBECK, PAUL |
| STREET ADDRESS | 540 W. 83 STREET |
| CITY-ST-ZIP | HIALEAH, FL |
| TITLE | P |
| NAME | HOWARD, PATRICE |
| STREET ADDRESS | 4493 36TH ST. SOUTHWEST |
| CITY-ST-ZIP | ORLANDO, FL 32811 |
| TITLE | PP |
| NAME | ALLEN, DAVID |
| STREET ADDRESS | 11351 49TH STREET, N |
| CITY-ST-ZIP | CLEARWATER, FL 33962 |
| TITLE | D |
| NAME | DESIATO, JODY |
| STREET ADDRESS | 3985 TAMPA RD |
| CITY-ST-ZIP | OLDSMAR, FL 34677 |
| TITLE | D |
| NAME | SODAY, KEN |
| STREET ADDRESS | 8637 PISA DR #1012 |
| CITY-ST-ZIP | ORLANDO, FL 32810 |

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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 617, 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:

Maure Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-05

Date

8032380394

Daytime Phone #