

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


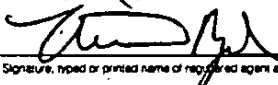
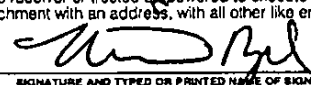
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/19/05 90046 021 \$61.25



07122006 Chg-NP CR2E037 (4/06)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
HOWARD, PATRICE 4493 36TH ST. SOUTHWEST ORLANDO, FL 32811			Name <u>Mike Boyd</u> Street Address (P.O. Box Number is Not Acceptable) <u>3649 Progress Ave</u> <u>Naples, FL</u> City <u>FL</u> Zip Code <u>34104</u>		
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 			DATE <u>7-18-2006</u>		
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <u>President</u> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, MIKE		NAME		
STREET ADDRESS	3649 PROGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YESBECK, PAUL		NAME		
STREET ADDRESS	540 W. 83 STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE	P <u>ast President</u> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, PATRICE		NAME		
STREET ADDRESS	4493 36TH ST. SOUTHWEST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	PP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, DAVID		NAME		
STREET ADDRESS	11351 49TH STREET, N		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33962		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OESIATO, JODY		NAME		
STREET ADDRESS	3985 TAMPA RD		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SODAY, KEN		NAME		
STREET ADDRESS	8837 PISA DR #1012		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
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 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: 			DATE <u>7-18-2006</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		