

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

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



02082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3127814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYD, MIKE
3649 PROGRESS AVE.
NAPLES, FL 34104

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
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 PP
NAME HOWARD, PATRICE
STREET ADDRESS 4493 36TH ST. SOUTHWEST
CITY-ST-ZIP ORLANDO, FL 32811

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

MICHAEL BOYD 4-12-2007 239-643-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #