

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90284 037 \*\*\*150.00

**DOCUMENT # F00000004861**

1. Entity Name

THE YELLOW SIGN COMPANY



Principal Place of Business

6110 PINEMONT DRIVE, SUITE 215  
SUITE 175  
HOUSTON TX 77092

Mailing Address

PO BOX 924527  
HOUSTON TX 77292-4527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

76-0109964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DON	
STREET ADDRESS	6110 PINEMONT DRIVE #175	
CITY-ST-ZIP	HOUSTON TX 77092-3216	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HODGE, JIM	
STREET ADDRESS	6110 PINEMONT DRIVE, SUITE 215	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCQUADE, DONNA	
STREET ADDRESS	6110 PINEMONT DRIVE #175	
CITY-ST-ZIP	HOUSTON TX 77092-3216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim C. Hodge	
STREET ADDRESS	60 Queen Street	
CITY-ST-ZIP	Frederiksted, St. Croix USVI 00840	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim C. Hodge	
STREET ADDRESS	60 Queen Street	
CITY-ST-ZIP	Frederiksted, St. Croix USVI 00840	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michele Taylor	
STREET ADDRESS	6110 Pinemont Drive, Suite 175	
CITY-ST-ZIP	Houston, TX 77092-3216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

JIM C. HODGE

PRESIDENT

04/23/04

Date

713-353-0414

Daytime Phone #