

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90021 036 \*\*\*150.00

DOCUMENT # F05000006181

1. Entity Name

BCE SIGNS, INC.



Principal Place of Business

511 BAY STREET, SUITE 307  
TAMPA FL 33606

Mailing Address

511 BAY STREET, SUITE 307  
TAMPA FL 33606



2. Principal Place of Business - No P.O. Box #

PMB 11 - 533 S. Howard Av.

3. Mailing Address

PMB 11 - 533 S. Howard Av.

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-1858834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ROBERT C  
2909 W. BAY TO BAY BLVD., SUITE 309  
TAMPA FL 33629

7. Name and Address of New Registered Agent

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

*Kerrel H Frost*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

TITLE PSD ☐ Delete  
NAME CORLEY, WILLIAM  
STREET ADDRESS 511 BAY STREET, SUITE 307  
CITY-ST-ZIP TAMPA FL 33606

TITLE VTD ☐ Delete  
NAME FROST, KERYL  
STREET ADDRESS 511 BAY STREET, SUITE 307  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kerrel H Frost*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-07 8132540945