


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000004300 1. Entity Name KORMAN SIGNS, INC.	
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Principal Place of Business 3029 LINCOLN AVE RICHMOND, VA 23228	Mailing Address 3029 LINCOLN AVE RICHMOND, VA 23228
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06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0993439	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BAUR, MILLER & WEBNER, P.A.
21ST FLR, NEW WORLD TOWER
100 N BISCAYNE BLVD
MIAMI, FL 33132-2306**

**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)

U00000569371
07/11/06-80022-016 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT KORMAN, W M 5537 CHARLES CITY RD RICHMOND, VA 23231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORMAN, DIANE A 5537 CHARLES CITY RD RICHMOND, VA 23231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MCDONOUGH, DALE P 9040 COLONIAL LANE MECHANICSVILLE, VA 23111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MURRAY, JOHN A 5069 OLD TRAVELLER LA. MECHANICSVILLE, VA 23111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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

W. M. KORMAN, JR. PRES.

7/5/06

800 296 6050

Date

Daytime Phone