

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90020 012 ***150.00

DOCUMENT # F97000002770

1. Entity Name
GOOD SIGN, INC.



Principal Place of Business
2369 LEISURE LANE
DUNWOODY, GA 30338

Mailing Address
2369 LEISURE LANE
DUNWOODY, GA 30338



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1717831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT EUGENE B
4215 ROYAL PALM DR W.
BRADENTON, FL 34210
Deceased

RANDY S. BENDER
70 Ocean Drive
St. Augustine, FL
32080

**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

R S Bender

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BENDER, SUZANNE
STREET ADDRESS 2369 LEISURE LANE
CITY-ST-ZIP DUNWOODY, GA 30338

TITLE V
NAME BENDER ROTHBERG, LESLIE
STREET ADDRESS 5392 REDFIELD CIRCLE
CITY-ST-ZIP DUNWOODY, GA 30338

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Suzanne Bender SUZANNE BENDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

770/451-1994

Daytime Phone #