


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90040 003 \*\*\*150.00

<b>DOCUMENT # F97000002770</b> 1. Entity Name <b>GOOD SIGN, INC.</b>			
Principal Place of Business <b>2369 LEISURE LANE DUNWOODY, GA 30338</b>		Mailing Address <b>2369 LEISURE LANE DUNWOODY, GA 30338</b>	
2. Principal Place of Business <b>5129 SHERIDAN LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5129 SHERIDAN LANE</b> Suite, Apt. #, etc.	
City & State <b>DUNWOODY, GA.</b>		City & State <b>DUNWOODY, GA.</b>	
Zip <b>30338</b>		Zip <b>30338</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>58-1717831</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BENDER, RANDY S 70 OCEAN DRIVE SAINT AUGUSTINE, FL 32080</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BENDER, SUZANNE 2369 LEISURE LANE DUNWOODY, GA 30338</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BENDER, SUZANNE 5129 SHERIDAN LANE DUNWOODY, GA 30338</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BENDER ROTHBERG, LESLIE 5392 REDFIELD CIRCLE DUNWOODY, GA 30338</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: <u>Suzanne Bender</u> - SUZANNE BENDER</b>		<b>2-1-05 770/451-1994</b> Date Daytime Phone #	