2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000005057

1. Entity Name
ADVANTAGE SIGN SUPPLY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 888684	P.O. BOX 888684
GRAND RAPIDS, MI 49588-8684	GRAND RAPIDS, MI 49588-8684

DO NOT WRITE IN THIS SPACE

02102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
38-2917739	Not Applicable

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

6. Name and Address of Current Registered Agent

FARINA, JOHN
~~5313 56TH COMMERCE PARK BLVD~~
~~TAMPA, FL 33610~~
PALM RIVER CENTER
9208 PALM RIVER RD., SUITE 303B
TAMPA, FL 33619

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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 _John Farina_   JOHN FARINA   3/7/05
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, 2005 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	VAN DYKE, GARY
STREET ADDRESS	4668 CHRISOPHER PLACE
CITY-ST-ZIP	DALLAS, TX 75204

TITLE	ST
NAME	HERMAN, RUSSELL
STREET ADDRESS	4210 GLEN HOLLOW DR.
CITY-ST-ZIP	HUDSONVILLE, MI 49426

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   3/5/2005   616-554-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #