2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

ANNUAL REPORT					Jan 18, 2005 08:00 A		
DOCU	MENT # G18576				Sec	cretary of State	
1. Entity Nam	e SIGN COMPANY, INC.	•					
BENEIN	SIGN COMPANT, INC.						
Principal Plac		Mailing Address					
264 BAHAM/ VENICE, FL		_264 Bahama Street _venice, fl 34285			4		
		Lan and Control of the Control of th					
				01042005	No Chg-P	CR2E034 (10/03)	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-225		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			**************************************	: co ricquired	
264 BAHA 141 ENGL	CATHERINE B MA STREET EWOOD GNDS CT L 34285				NOT W THIS SF		
	named entity submits this statement for lons of registered agent. Catherin B, Pur Signature, typed or printed name of registered agent an	ett	ed office or registe		th, in the State of Flo		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
10.	ÖFFICERS AND D	DIRECTORS	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERLIN, JOHN M. 1450 BAYSHORE DRIVE ENGLEWOOD, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLIN, JEAN M. 1450 BAYSHORE DR. ENGLEWOOD, FL				UI/18/05	0181760 -80010-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV PICKETT, CATHERINE 141 ENGLEWOOD GAR. CT. ENGLEWOOD, FL			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM PICKETT, TRAM H 141 ENGLEWOOD GNDS CT ENGLEWOOD, FL			IN ⁻	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME							

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.

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STREET ADDRESS CITY-ST-ZIP

Cotherine B. Pieted
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

941 488-1314

Date Daylime Phone #