

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G58903

1. Entity Name
FAIRWAY SIGN CORPORATION



FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90027 049 ***158.75

Principal Place of Business
**418 FREMONT
BUILDING C
DAYTONA BCH., FL 32114 US**

Mailing Address
**418 FREMONT AVE
BLDG. C
DAYTONA BEACH, FL 32114 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2393336

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORIO, DANIEL
705 ART CENTER AVE
NEW SMYRNA BEACH, FL 32168**

7. Name and Address of New Registered Agent

Name **STEVEN Rathjen**

Street Address (P.O. Box Number is Not Acceptable)

948 PELICAN Bay DRIVE

City **Daytona Beach**

FL

Zip Code

32119

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 **Steven Rathjen**

Signature, typed or printed name of registered agent and title if applicable.

Steven Rathjen Pres

(NOTE: Registered Agent signature required when reinstating)

03-22-2004

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDT
FLORIO, DANIEL
705 ART CENTER AVE
NEW SMYRNA BEACH, FL 32168**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DSV
RATHJEN, STEVEN
948 PELICAN BAY DRIVE
DAYTONA BEACH, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P T D

☒ Change ☐ Addition

32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DSV
PETER BUCKEN
114 SATURN Road
St. Augustine FL 32086**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE:

STEVEN Rathjen **St. Rathjen Pres** **03-22-2004** **386-253-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #