2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H07741

1. Entity Name
GULF STATE SIGNS, INC.

Principal Place of Business	Mailing Address
1305 42ND ST. N.W. WINTER HAVEN, FL 33881	1305 42ND ST. N.W. WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

04132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2417107	Not Applicable

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

6. Name and Address of Current Registered Agent

DEHAVEN, WILLIAM F
1305 42ND ST N W
WINTER HAVEN, FL 33881

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 _[signature]_   4-14-07

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	S
NAME	DEHAVEN, RICHARD
STREET ADDRESS	1305 42ND ST.
CITY-ST-ZIP	WINTER HAVEN, FL 33881

TITLE	P
NAME	DEHAVEN, WILLIAM F
STREET ADDRESS	1305 42ND ST.
CITY-ST-ZIP	WINTER HAVEN, FL 33881

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000715839
04/28/07-80006-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _[signature]_ WILLIAM DE HAVEN   4-14-07   967-0659 (863)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #