

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48149

Entity Name: MAGEE SIGN SERVICE, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

1511 20TH AVE EAST
PALMETTO, FL 34221 US

New Principal Place of Business:

Current Mailing Address:

1511 20TH AVE EAST
P O BOX 1298
PALMETTO, FL 34221 US

New Mailing Address:

FEI Number: 59-2525558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, DENNIS M SR
11311 28TH ST. CIR. EAST
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOIBY, JOHN R SR
Address: 11407 28TH ST. CIR. EAST
City-St-Zip: PARRISH, FL 34219

Title: VP () Delete
Name: HOLBY, KATHALINE L
Address: 11407 28TH ST. CIR. EAST
City-St-Zip: PARRISH, FL 34219

Title: VP () Delete
Name: BYRNE, JOAN E
Address: 11311 28TH ST. CIR. EAST
City-St-Zip: PARRISH, FL 34219

Title: ST () Delete
Name: BYRNE, DENNIS M SR
Address: 11311 28TH ST. CIR. EAST
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS M BYRNE SR.

SEC/

01/06/2005

Electronic Signature of Signing Officer or Director

Date