## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 13, 2006 8:00 am Secretary of State DOCUMENT # J21569 02-13-2006 90017 042 \*\*\*150.00 CENTRAL FLORIDA STREET SIGNS, INC. Principal Place of Business Mailing Address 280 WALNUT STREET 280 WALNUT STREET ORMOND BCH. FL 32174 ORMOND BCH. FL 32174 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 59-2689221 Not Applicable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOFF, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 280 WALNUT STREET ORMOND BCH. FL 32174 City Zip Code 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? 1 - 2 8 - 06 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VΡ ☐ Delete TITLE PRESIDENT Change ☐ Addition GOFF, SR., EDWARD J NAME NAME STREET ADDRESS 280 WALNUT ST STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE Delete TITLE ☐ Chappe ☐ Addition NAME GOFF, CAROL, 🕰 NAME STREET ADDRESS 280 WALNUT ST STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE VΡ TITLE ☐ Change ☐ Addition GOFF, MICHAEL STREET ADDRESS STREET ADDRESS 211 W 312ST ST CITY - ST - ZIP CITY-ST-ZIP **HAZELTON PA 18202** VΡ TITLE Change ☐ Addition GOFF, SR., PATRICK NAME NAME 778 RT 318 STREET ADDRESS STREET ADDRESS WATERLOO NY 13165 CITY-ST-ZIP CITY-ST-7IP VP TITLE TITLE Change ☐ Addition GOFF, JR., EDWARD J NAME NAME 2401 KINGSVIEW CIRCLE STREET ADDRESS STREET ADDRESS SPRING VALLEY CA 91977 CITY-ST-ZIP CITY-ST-ZIP THILE TITLE Change Addition GOFF, THOMAS NAME NAME 2970 VIRGINIA ST. STREET ADDRESS STREET ADDRESS ATWATER CA 95301 City-St-ZIP CITY-ST-7/P

FILED

SIGNATURE: Edward J. Gaff 346 613-4731

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.