2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILEDApr 27, 2005 08:00 AM DOCUMENT # J67482 **Secretary of State** * Entity Name PYKE SIGNS, INC. Mailing Address Principal Place of Business 409 E. 9TH STREET 409 E. 9TH STREET HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0029935 Not Applicable Zip ΖĬρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PYKE, STEVEN C 280 EUCALYPTUS DRIVE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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 11. TITLE Delete TITLE Change Addition U00000335543 PYKE, STEVEN C NAME NAME 280 EUCALYPTUS DRIVE STREET ADDRESS 04/27/05-80086-024 150.00 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP MS шц Delete TITLE Addition ☐ Change OLDHAM, RICHARD NAME NAME STREET ADDRESS 280 EUCALYPTUS DRIVE STREET ADDRESS CITY - ST - ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP THILE Delete TITLE ☐ Change ☐ Addition NAME MARZE STREET ADDRESS STREYT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-2IP City - ST-7IP 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 any 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.

305-885-158