2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K50535

1. Entity Name
SPRING SIGN SUPPLY, INC.

Principal Place of Business	Mailing Address
1485 BANKS RD MARGATE, FL 33063 US	PO BOX 770395 CORAL SPRINGS, FL 33077-0395 US

DO NOT WRITE IN THIS SPACE

02172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0094827	Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL
1485 BANKS RD
MARGATE, FL 33063

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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
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	DP
NAME	ROSENTHAL, ALFRED M.
STREET ADDRESS	1485 BANKS RD
CITY-ST-ZIP	MARGATE, FL
TITLE	DVP
NAME	WHATLEY, JEFFREY
STREET ADDRESS	1485 BANKS RD
CITY-ST-ZIP	MARGATE, FL
TITLE	DST
NAME	WHATLEY, DIANE
STREET ADDRESS	1485 BANKS RD
CITY-ST-ZIP	MARGATE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80095-003 150.00

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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: X *Alfred M. Rosenthal* Alfred M. Rosenthal 04/24/04 X 954 571 0551

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