

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90056 043 ***158.75

DOCUMENT # K60671

1. Entity Name

B&O SIGN SUPPLY, INC.



Principal Place of Business

**428 GREEN ACRES ROAD
P. O. BOX 3292
FT. WALTON BEACH FL 32547**

Mailing Address

**428 GREEN ACRES ROAD
P. O. BOX 3292
FT. WALTON BEACH FL 32547**

34033738



MOORE

CR2E034 (11/03)

2. Principal Place of Business

428A Greenacres Road
Suite, Apt. #, etc.

3. Mailing Address

428A Greenacres Road
Suite, Apt. #, etc.

City & State

Ft. Walton Bch, FL

Zip
32547-1167

Country
OKaloosa

City & State

Ft. Walton Bch, FL

Zip
32547-1167

Country
OKaloosa

4. FEI Number

59-2938100

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required -**

6. Name and Address of Current Registered Agent

**FLEET, H, BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR FL 32579-0000**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **JOHNSON, MALVIN L.**
STREET ADDRESS **428 GREENACRES RD**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **T** ☐ Delete
NAME **JOHNSON, MALVIN L.**
STREET ADDRESS **428 GREENACRES RD**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **V** ☐ Delete
NAME **JOHNSON, BRIAN M**
STREET ADDRESS **1672-1 EL CAMINO RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **ST** ☐ Delete
NAME **TYNER, ELSIE J**
STREET ADDRESS **716 N PARK BLVD**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Malvin L. Johnson* (Malvin L. Johnson)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

850-862-2677

Daytime Phone #