

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90211 012 ***158.75

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1. Entity Name

B&O SIGN SUPPLY, INC.

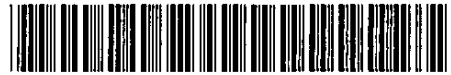


Principal Place of Business

428A GREEN ACRES ROAD
FORT WALTON BEACH FL 32547-1167

Mailing Address

428A GREEN ACRES ROAD
FORT WALTON BEACH FL 32547-1167



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

1833C Hurlburt Rd
Ft. Walton Bch, FL

Suite, Apt. #, etc.

1833C Hurlburt Rd
Ft. Walton Bch, FL

1st MOORE

CR2E034 (10/06)

City & State

City & State

Zip

County

32547

Okaloosa

Zip

County

32547

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

7. Name and Address of New Registered Agent

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

Name

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

1283 Eglon Parkway
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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 4752 BOUTERELL ROAD
CITY- ST- ZIP LAUREL HILL FL 32867

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4000 Gulf Terrace Dr #143
CITY- ST- ZIP Destin, FL 32541

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1833C Hurlburt Rd
CITY- ST- ZIP Ft. Walton Bch, FL 32547

TITLE ☒ Change ☐ Addition
NAME Steven K. Norton
STREET ADDRESS 1833 Hurlburt Rd
CITY- ST- ZIP Ft. Walton Bch, FL 32547

TITLE ☒ Change ☐ Addition
NAME Steven K. Norton
STREET ADDRESS 1833 Hurlburt Rd
CITY- ST- ZIP Ft. Walton Bch, FL 32547

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

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 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.

SIGNATURE:

Malvin L. Johnson
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #