

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73157

Entity Name: J. W. BERRY SIGNS, INC.

FILED
Feb 20, 2004
Secretary of State

Current Principal Place of Business:

2606 SOUTH STREET
LEESBURG, FL 347488731

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT R. CYRUS
P. O. BOX 491635
LEESBURG, FL 347491635 US

New Mailing Address:

POST OFFICE BOX 491500
LEESBURG, FL 347491500 US

FEI Number: 59-2946334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CYRUS, ROBERT R.
214-A NORTH THIRD STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: BERRY, JAY O.,
Address: 2606 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Delete
Name: BERRY, JAMES W
Address: 2606 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748

Title: ASVD (X) Delete
Name: BERRY, JAMES W
Address: 2606 SOUTH STREET
City-St-Zip: LEESBURG, FL 347488731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY O. BERRY

PTSD

02/20/2004

Electronic Signature of Signing Officer or Director

_____ Date