


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K89705</b> 1. Entity Name <b>SIGN MAN, INC.</b>	
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Principal Place of Business <b>% PATRICK L. NEVE 4580 N HARBOR CITY BLVD PALM SHORES, FL 32935</b>	Mailing Address <b>% PATRICK L. NEVE 4580 N HARBOR CITY BLVD PALM SHORES, FL 32935</b>
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04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2972811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NEVE, ANNA M. 4580 NORTH HARBOR CITY BLVD PALM SHORES, FL 32935</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P NEVE, ANNA M. 4580 N HARBOR CITY BLVD PALM SHORES, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V NEVE, PATRICK, JR 1793 NO CADILLAC CIRCLE MELBOURNE, FL 32935</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M JONES, COLLEEN 2312 WARWICK RD MELBOURNE, FL 32935</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/08/04-80034-008 150.00

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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)(f), 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: <u>Colleen R. Jones Corp. Sect.</u> 4-5-04 321-259-1703
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<small>Date Daytime Phone #</small>