

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K89705

Entity Name: SIGN MAN, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

% PATRICK L. NEVE
4580 N HARBOR CITY BLVD
PALM SHORES, FL 32935

New Principal Place of Business:

4580 N HARBOR CITY BLVD
PALM SHORES, FL 32935

Current Mailing Address:

% PATRICK L. NEVE
4580 N HARBOR CITY BLVD
PALM SHORES, FL 32935

New Mailing Address:

4580 NO. HARBOR CITY BLVD.
PALM SHORES, FL 32935

FEI Number: 59-2972811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEVE, ANNA M.
4580 NORTH HARBOR CITY BLVD
PALM SHORES, FL 32935 US

Name and Address of New Registered Agent:

NEVE, PATRICK L JR
4580 NORTH HARBOR CITY BLVD
PALM SHORES, FL 32935 US

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: PATRICK L. NEVE, JR.

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEVE, ANNA M.
Address: 4580 N HARBOR CITY BLVD
City-St-Zip: PALM SHORES, FL

Title: V () Delete
Name: NEVE, PATRICK, JR.
Address: 1793 NO CADILLAC CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: M () Delete
Name: JONES, COLLEEN
Address: 2312 WARWICK RD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: NEVE, ANNA M.
Address: 4580 N HARBOR CITY BLVD
City-St-Zip: PALM SHORES, FL

Title: P (X) Change () Addition
Name: NEVE, PATRICK, JR.
Address: 1793 NO CADILLAC CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: V (X) Change () Addition
Name: JONES, COLLEEN
Address: 2312 WARWICK RD
City-St-Zip: MELBOURNE, FL 32935

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: COLLEEN M. JONES

V

04/28/2005

Electronic Signature of Signing Officer or Director

Date