


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90081 046 \*\*\*158.75

<b>DOCUMENT # K89705</b>		
1. Entity Name <b>SIGN MAN, INC.</b>		

Principal Place of Business <b>4580 N HARBOR CITY BLVD PALM SHORES, FL 32935</b>	Mailing Address <b>4580 NO. HARBOR CITY BLVD. PALM SHORES, FL 32935</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232007 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NEVE, PATRICK L JR 4580 NORTH HARBOR CITY BLVD PALM SHORES, FL 32935</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEVE, ANNA M.</b>	NAME	
STREET ADDRESS	<b>4580 N HARBOR CITY BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM SHORES, FL</b>	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEVE, PATRICK, JR</b>	NAME	
STREET ADDRESS	<b>1793 NO CADILLAC CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, COLLEEN</b>	NAME	<b>Della C. Neve</b>
STREET ADDRESS	<b>2312 WARWICK RD</b>	STREET ADDRESS	<b>1793 Cadillac Circle N</b>
CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>	CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/07** **321-254-1703**  
Date Daytime Phone #