2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # L66764 02-04-2004 90063 009 ***150.00 SLAGER BUDGET SIGNS, INC. Principal Place of Business Mailing Address 24007342 5320-A 14TH STREET W. 5320-A 14TH STREET W. BRADENTON, FL 34207 BRADENTON, FL 34207 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0188719 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SLAGER, JR., WILLIAM SLAGER; JR., WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5239 6TH ST CT W 3211 40TH AVE. W. BRADENTON, FL 34205 BRADENTON 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D - DIRECTOR Delete TITLE **X** Change Addition TITLE SLAGER, WILLIAM JR SLAGER, WILLIAM JR NAME NAME 309 51ST AVE E STREET ADDRESS STREET ADDRESS 5239 6TH ST CT W CITY-ST-ZIF CITY ST-ZIP BRADENTON, FL 34203 BRADENTON, FL 34207 TITLE X Delete TITLE VP, S Change Addition SLAGER, GERALDINE NAME NAME SLAGER, GERALDINE STREET ADDRESS STREET ADDRESS 309 51ST AVE E 5239 6TH ST CT W BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-7IP BRADENTON, FL 34207 Change TITLE Addition TITLE Delete NAME SLAGER, CHRISTIAN NAME SLAGER, CHRISTIAN STREET ADDRESS STREET ADDRESS 309 51ST AVE E 109 52ND AVE W BRADENTON, FL 34203 CITY-S1-ZIP City-St-Zip-BRADENTON, FL 34207 Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change 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 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 signature shall have the same logal 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

FILED

Feb 04, 2004 8:00 am

Dustine Phone #