



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006433</b>		
1. Entity Name SIGNS NOW PROMOTIONAL FUND CORPORATION		
Principal Place of Business 4900 MANATEE AVE., STE. 201 BRADENTON, FL 34209		Mailing Address 4900 MANATEE AVE., STE. 201 BRADENTON, FL 34209
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BEYER, DAVID A % RUDNICK & WOLFE 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602		01112005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 65-0875206
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		Applied For Not Applicable
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 _____		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ETCHIESON, MIKE 4900 MANATEE AVE., STE. 201 BRADENTON, FL 34209	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CORONA, RANDY 4900 MANATEE AVE., STE. 201 BRADENTON, FL 34209	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ETCHIESON, PHYLLIS A 4900 MANATEE AVE W SUITE 201 BRADENTON, FL 34209	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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 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 617, 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: 		1/12/05 941-747-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #