

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90207 026 \*\*\*150.00

**DOCUMENT # P00000008143**

1. Entity Name  
LB SIGNS, INC.



Principal Place of Business  
1409 GRACE AVE.  
PANAMA CITY, FL 32401

Mailing Address  
1409 GRACE AVE.  
PANAMA CITY, FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3629092

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, JOHN L  
5517 LAKEWOOD CIR.  
PANAMA CITY, FL 32404

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME MCDONALD, JOHN S  
STREET ADDRESS 1320 BUENA VISTA BLVD LOT 75  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D ☐ Delete  
NAME BELL, JOHN L II  
STREET ADDRESS 5517 LAKEWOOD CIR.  
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE D ☐ Delete  
NAME BELL, JOHN L SR  
STREET ADDRESS 5517 LAKEWOOD CIR.  
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:**

*John L. Bell*

John L. Bell

4/30/04

850-777-8233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #