

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90036 002 ***150.00

DOCUMENT # P00000016362

1. Entity Name
BOARDWALK SIGNS & GRAPHICS, INC.



Principal Place of Business
**2500 MINNESOTA AVE
LYNN HAVEN, FL 32444**

Mailing Address
**2500 MINNESOTA AVE
LYNN HAVEN, FL 32444**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3620478	Applied For ☐
5. Certificate of Status Desired ☐	Not Applicable ☐
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PAFFOON, CASSANDRA L
2500 MINNESOTA AVE
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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: Cassandra L. Paffoon 2-5-04
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 NAME STREET ADDRESS CITY - ST - ZIP	ST PAFFOON, CASSANDRA 2500 MINNESOTA AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAFFOON, JOSEPH 2500 MINNESOTA AVE LYNN HAVEN, FL 32444
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**DO NOT WRITE
IN THIS SPACE**

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: Cassandra L. Paffoon 2-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #