2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 11, 2006 8:00 am Secretary of State DOCUMENT # P00000020978 1. Entity Name 05-11-2006 90234 032 ***150.00 CUSTOM SIGN & AWNING OF W. FLORIDA, INC. Principal Place of Business Mailing Address 6260 39TH STREET N. 6260 39TH STREET N. STF H PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address 2157 60 12757 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) learwater learwater City & State City & State Applied For 4. FEI Number 59-3627513 Not Applicable Country Country \$8.75 Additional 33760 5. Certificate of Status Desired 33760 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOMAR, GREGORY L 6260 39TH ST N #H PINELLAS PARK FL 33781 RIBATER City 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 roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BOMAR, Greg 12757 60M STN TITLE TITLE Change Ch Addition ☐ Delete BOMAR, GREG NAME STREET ADDRESS 6260 39TH STREET N. STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

40090405_{May 4, 2006} #P00000020978

To: Division of Corporations

Annual Report Section

P.O. Box 6850

Tallahassee, FL 32314

From: Custom Sign & Awning Of W. Florida, Inc.

12757 60th St., N. Clearwater, FL 33760

Re: Missing the due date for payment of Corporation Fees

I contacted your office today, and the agent suggested that I forward a check for the \$150.00 fees, along with a letter explaining the reason we missed the due date. My explanation is below, and we are requesting that the late fees be waived.

I work in a one-person office and my husband had a completely unexpected heart surgery, which required that I inade no ehoice other than be absent from work. I returned to work today, May 4th and discovered that I failed to mail this due to my sudden and unexpected departure.

Because of this, I am respectfully requesting that the additional fees br waived, and apologize for the inconvenience caused your office.

Thank you very much for your understanding.

Very truly yours,
Le S. Bomar