

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000023295

1. Entity Name

IMPACT SIGNS, INC.



FILED

04 NOV -3 PM 12:52

Principal Place of Business

~~129 N. ERIE DR.
FT. PIERCE FL 34946~~

Mailing Address

~~129 N. ERIE DR.
FT. PIERCE FL 34946~~

2. Principal Place of Business

40 5th Ct

3. Mailing Address

746 10th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO Beach. Ft.

4. FEI Number

65-1084385

Applied For

Not Applicable

Zip

32962

Country

U.S.A

Zip

32962

Country

Indian River

5. Certificate of Status Desired

NO

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KELLY, ROBERT M.
129 N. ERIE DR.
FT. PIERCE FL 34946~~

Name

Robert Kelly Robert M

Street Address (P.O. Box Number is Not Acceptable)

746 10th Ct.

City

VERO Beach

FL

Zip Code

32962

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

Robert Kelly

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLY, ROBERT M
STREET ADDRESS 129 N. ERIE DR.
CITY-ST-ZIP FT. PIERCE FL 34946 ☐ Delete

TITLE V
NAME LEHMAN, WARREN
STREET ADDRESS 2456 SKYLOCK COURT
CITY-ST-ZIP FT. PIERCE FL 34946 ☒ Delete

TITLE T
NAME FANNING, WANDA L
STREET ADDRESS 746 10TH COURT
CITY-ST-ZIP VERO BEACH FL 32902 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900042165469
10/25/04--01082--020 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900042165469
11/15/04--01073--009 **208.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 04

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

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

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

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:

Robert Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #