

ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000089055

1. Entity Name
**CREATIVE SIGNS & GRAPHICS OF SOUTH FLORIDA,
INC.**

**Principal Place of Business**

**982 S. RIVER RD.
PO BOX 1292
ENGLEWOOD, FL 34295**

Mailing Address

**982 S. RIVER RD.
PO BOX 1292
ENGLEWOOD, FL 34295**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1054113** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRAIZNER, JOSEPH
982 S. RIVER RD.
PO BOX 1292
ENGLEWOOD, FL 34295**

**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.

SIGNATURESignature, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

**TITLE P
NAME PRAIZNER, TOM J
STREET ADDRESS 5222 HOPKINS AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981**

**TITLE VP
NAME PRAIZNER, JOSEPH
STREET ADDRESS 5198 HOPKINS AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1100000175740
01/10/05-80062-007 158.75

**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:

Joseph Praizner **JOSEPH PRAIZNER** 1/6/05 941-474-4669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #