

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089055

FILED
Jan 04, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

982 S. RIVER RD.
PO BOX 1292
ENGLEWOOD, FL 34223

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1054113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRAIZNER, TOM J
Address: 5222 HOPKINS AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP () Delete
Name: PRAIZNER, JOSEPH
Address: 5198 HOPKINS AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH PRAIZNER

V.P.

01/04/2006

Electronic Signature of Signing Officer or Director

Date