

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90011 045 ***150.00

DOCUMENT # P01000034382

1. Entity Name

THE SIGN GUYS OF POLK COUNTY, INC.



Principal Place of Business

300 COLLIER DR
WINTER HAVEN FL 33884

Mailing Address

300 COLLIER DR
WINTER HAVEN FL 33884

44051056



MOORE

CR2E034 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3721667

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENLEE, DONALD C
300 COLLIER DR
WINTER HAVEN FL 33884

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME GREENLEE, DONALD C
STREET ADDRESS 300 COLLIER DR
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ Change ☒ Addition
NAME KINSON CHRIS M.
STREET ADDRESS 1112 ALT HWY 27. S.
CITY-ST-ZIP DUNDEE FLA. 33838

TITLE D ☒ Delete
NAME MOTZ, JAMES E
STREET ADDRESS 202 LAKEVIEW DR.
CITY-ST-ZIP AUBURNDAL FL 33823

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 amendments.

SIGNATURE

Donald C. Greenlee
Donald C. Greenlee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/04 863-459-3997
7/27/04 863-326-1828