


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90099 020 \*\*\*158.75

<b>DOCUMENT # P01000034382</b>	
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
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2. Principal Place of Business 1112 ALT. HWY. 27, SOUTH Suite, Apt. #, etc. DUNDEE	3. Mailing Address 1112 ALT. HWY. 27, SOUTH Suite, Apt. #, etc. DUNDEE
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City & State FL.	City & State FL.	4. FEI Number 59-3721667	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33838	Country POLK	Zip 33838	Country POLK

6. Name and Address of Current Registered Agent GREENLEE, DONALD C 300 COLLIER DR WINTER HAVEN FL 33884	7. Name and Address of New Registered Agent Name CHRIS KINSON Street Address (P.O. Box Number is Not Acceptable) 1112 ALT. HWY. 27, SOUTH City DUNDEE FL Zip Code 33838
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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 Chris M. Kinson (owner) CHRIS M. KINSON DATE 3-16-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSON, CHRIS M 1112 ALT HWY 27 S DUNDEE FL 33838 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Chris M. Kinson CHRIS M. KINSON DATE 3-16-05 863-258-1477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR