

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-21-2005 90099 020 ***158.75

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

50028431



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 1112 ALT. HWY. 27, SOUTH
 Suite, Apt. #, etc. DUNDEE
 City & State FL

3. Mailing Address 1112 ALT. HWY. 27, SOUTH
 Suite, Apt. #, etc. DUNDEE
 City & State FL

4. FEI Number 59-3721667
 Applied For Not Applicable

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

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KINSON, CHRIS M	
STREET ADDRESS	1112 ALT HWY 27 S	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Daytime Phone #