


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90027 040 \*\*\*158.75

<b>DOCUMENT # P01000034382</b>	
1. Entity Name <b>THE SIGN GUYS OF POLK COUNTY, INC.</b>	

Principal Place of Business <b>1112 ALT. HWY 27 S DUNDEE FL 33838</b>	Mailing Address <b>1112 ALT. HWY 27 S DUNDEE FL 33838</b>
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2. Principal Place of Business <b>234 MARIPOSA</b>	3. Mailing Address <b>234 MARIPOSA</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WINTER HAVEN</b>	City & State <b>WINTER HAVEN</b>
Zip <b>33884</b>	Country <b>FLK</b>

4. FEI Number <b>59-3721667</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KINSON, CHRIS 1112 ALT. HWY. 27 S DUNDEE FL 33838</b>	
7. Name and Address of New Registered Agent Name <b>CHRIS KINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>234 MARIPOSA</b> City <b>WINTER HAVEN</b> FL Zip Code <b>33884</b>	

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 Kinson **CHRIS KINSON** DATE **2-15-06**

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, 2006 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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KINSON, CHRIS M</b>		NAME	
STREET ADDRESS <b>1112 ALT HWY 27 S</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DUNDEE FL 33838</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Kinson **CHRIS KINSON** DATE **2-15-06** (863-258-1477)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR