

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90686 013 ***150.00

DOCUMENT # P01000038476

1. Entity Name
SIGN AND SHINE INC.



Principal Place of Business
9920 STOCK BRIDGE DRIVE
TAMPA, FL 33626

Mailing Address:
P.O. BOX 260502
TAMPA, FL 33685



04272004 No Chg-Prod CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3716170

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HONG, MOUNG K
9920 STOCK BRIDGE DRIVE
TAMPA, FL 33626

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IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HONG, MOUNG K
STREET ADDRESS	9920 STOCK BRIDGE DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	HONG, JIN S
STREET ADDRESS	9920 STOCK BRIDGE DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	V
NAME	TORTORELLO, JOHN V
STREET ADDRESS	4822 BONITA VISTA DR
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *John V Tortorello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04

813-886-6992