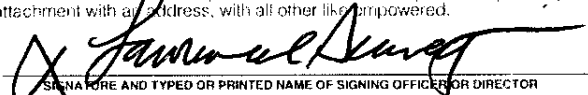


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90029 046 ***150.00

DOCUMENT # P01000055231 1. Entity Name SIGN TECHNOLOGIES II, INC.			
Principal Place of Business 2706 ALT. 19 N. PALM HARBOR, FL 34683		Mailing Address 2706 ALT. 19 N. PALM HARBOR, FL 34683	
2. Principal Place of Business 1424 S MISSOURI RD Suite, Apt. #, etc. # 2 City & State CLEARWATER FL Zip 33756		3. Mailing Address 1424 MISSOURI RD Suite, Apt. #, etc. # 2 City & State CLEARWATER FL Zip 33756	
4. FEI Number 59-3724890		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSSINSKY, LOUIS JR. ESQ 444 SEABREEZE BLVD., SUITE 210 DAYTONA BEACH, FL 32118-3941		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable.			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, ALAN 2706 ALT 19 NO, SUITE 214 PALM HARBOR, FL 34683	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR	☐ Delete	PRESIDENT/DIRECTOR LAWRENCE K. BENNETT 3675 SR 580 OLDSMAN, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	