## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000066329

Entity Name: BICKEL SIGN SYSTEMS, INC

324 TIMBERWOOD TRAIL

OVIEDO, FL 32765

Address:

City-St-Zip:

FILED May 29, 2004 Secretary of State

y	mer Biorie	olory of or Elvio, live.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
7224 SAN	DSCOVE CO	JRT				
SUITE 3	3ADK EL 333	'00				
	PARK, FL 327					
Current Mailing Address:			New Maili	New Mailing Address:		
	DSCOVE CO	JRT				
SUITE 3 WINTER F	PARK, FL 327	92				
	: 59-3741899	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Δddress of	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
FT. LAUDI	named entity	333114132 US	purpose of changing i	ts registered	d office or registered agent, or both,	
in the State	e of Florida.					
SIGNATU						
	Electro	nic Signature of Registered Ac	gent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( BICKEL, TERF 11370 WOOD BOCA RATON	CHUCK LANE	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( BICKEL, SCO 324 TIMBERW OVIEDO, FL	OOD TRAIL	Title: Name: Address: City-St-Zip:	BICKEL, SC	STATE PLACE	
Title: Name: Address: City-St-Zip:	D () BICKEL, MAR 11370 WOOD BOCA RATON	CHUCK LANE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	D () BICKEL, JANI	() Delete 5 M	Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SCOTT BICKEL V.P. 05/29/2004