## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000066329

Entity Name: BICKEL SIGN SYSTEMS, INC.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
7224 SANDSCOVE COURT SUITE 3				4811 LYONS TECHNOLOGY PARKWAY SUITE 30			
WINTER PARK, FL 32792				COCONUT CREEK, FL 33073			
Current Mailing Address:				New Mailing Address:			
7224 SANDSCOVE COURT SUITE 3 WINTER PARK, FL 32792				4811 LYONS TECHNOLOGY PARKWAY SUITE 30 COCONUT CREEK, FL 33073			
FEI Number: 59-3741899 FEI Number Applied For ( ) FEI Nu				mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:		
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 333114132 US				BICKEL, TERRY T 11370 WOODCHUCK LANE BOCA RATON, FL 33428 US			
The above in the State		ubmits this statement for the po	urpose o	f changing it	s registere	d office or registered agent, or both,	
SIGNATURE: TERRY T. BICKEL				04/21/2005			
		Signature of Registered Age	nt			Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ()E BICKEL, TERRY 11370 WOODCH BOCA RATON, F	IUCK LANE		Title: Name: Address: City-St-Zip:	11370 WOO	(X) Change ( ) Addition RRY T OWNER DDCHUCK LANE DN, FL 33428	
Title: Name: Address: City-St-Zip:	D ()EBICKEL, SCOTT 905 MILLS ESTACHULUOTA, FL	TE PLACE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	]()	Delete		Title: Name: Address: City-St-Zip:	11370 WOO	() Change (X) Addition ARILYN K OWNER DDCHUCK LANE DN, FL 33498	
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	20826 PEBI	()Change(X)Addition TER, RYAN P BLE CREEK COURT DN, FL 33498	

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.

SIGNATURE: RYAN ARMPRIESTER D 04/21/2005