

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097546

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: GRAPHIC SIGN EFFECTS, INC.

## Current Principal Place of Business:

90 SPIRES LANE UNIT 9A  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

4152 BOB SIKES ROAD  
DEFUNIAK SPRINGS, FL 32433 US

## Current Mailing Address:

40001 EMERALD COAST PARKWAY  
DESTIN, FL 32541

## New Mailing Address:

40001 EMERALD COAST PARKWAY  
DESTIN, FL 32541 US

FEI Number: 59-3749582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTHEWS, DANA C ESQ.  
MATTHEWS & HAWKINS, P.A.  
4475 LEGENDARY DRIVE  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEVARONA, ENRIQUE  
Address: 407 EVANS RD  
City-St-Zip: NICEVILLE, FL 32578

Title: VPS ( ) Delete  
Name: ADKINSON, CHAD  
Address: 90 SPIRES LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPT ( ) Delete  
Name: ADKINGSON, WAYNE  
Address: 29874 US HWY 331 SOUTH  
City-St-Zip: FREEPORT, FL 33439

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEVARONA, ENRIQUE J  
Address: 407 EVANS RD  
City-St-Zip: NICEVILLE, FL 32578 US

Title: VPS (X) Change ( ) Addition  
Name: ADKINSON, CHAD  
Address: 40001 EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541 US

Title: VPT (X) Change ( ) Addition  
Name: ADKINGSON, WAYNE  
Address: 29874 US HWY 331 SOUTH  
City-St-Zip: FREEPORT, FL 33439 US

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: ENRIQUE J. DEVARONA

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date