

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000057309

1. Entity Name
A FRIENDLY SIGN COPORATION



FILED

04 APR 29 PM 5: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2716 -1/2 WEST AILEEN STREET
TAMPA, FL 33607

Mailing Address
2716 -1/2 WEST AILEEN STREET
TAMPA, FL 33607



2. Principal Place of Business
3430 1/2 Cypress st

3. Mailing Address
3430 1/2 Cypress st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

04

City & State
Tampa Florida

City & State
Tampa Florida

4. FEI Number
03-0454111

Applied For
Not Applicable

Zip
33607

Country
U.S.A

Zip
33607

Country
U.S.A

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

6. Name and Address of Current Registered Agent

LARGEL, CHARLIE
2716-1/2 WEST AILEEN STREET
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name Charlei Largel
Street Address (P.O. Box Number is Not Acceptable)
3430 1/2 Cypress st
City Tampa FL Zip Code 33607

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 x *Charlei Largel* x *Charlei Largel* 4-8-2004
(NOTE: Registered Agent signature required when reinstating)

**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 P ☐ Delete
NAME LARGEL, CHARLIE
STREET ADDRESS 2716-1/2 WEST AILEEN STREET
CITY-ST-ZIP TAMPA, FL 33607

TITLE V ☒ Delete
NAME LARGEL, MARIA J
STREET ADDRESS 2716-1/2 WEST AILEEN STREET
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100035551001
STREET ADDRESS 05/06/04--01009--009 **150.00
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Largel Maria
CITY-ST-ZIP 2716 1/2 W. Aileen st Tampa Fl 33607

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Juan C. Ramirez
CITY-ST-ZIP 1613 Sandy Rd Q-303 Tampa Fl 33603

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Gloria Zapata
CITY-ST-ZIP 1613 Sandy Rd Q-303 Tampa Fl 33603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: x *Charlei Largel* Charlei Largel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-870-2843
Date Daytime Phone #