


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2. **FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**  
02-27-2006 90089 039 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P02000129866</b>                         |  |
| 1. Entity Name<br><b>WHOLESALE SIGN BUILDERS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>490 BAYMEADOW RD<br/>LONGWOOD FL 32750</b> | Mailing Address<br><b>490 BAYMEADOW RD<br/>LONGWOOD FL 32750</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>490 Bay Meadow Rd</b> | 3. Mailing Address<br><b>490 Bay Meadow Rd</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>Longwood FL</b> | City & State<br><b>Longwood FL</b> |
| Zip<br><b>32750</b>                | Zip<br><b>32750</b>                |
| Country<br><b>USA</b>              | Country<br><b>USA</b>              |



1st MOORE CR2E034 (10/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>51-0444991</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent             |  |
| <b>CLARK, DAVID W<br/>1281 BEE LANE<br/>GENEVA FL 32732</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 *David W. Clark* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|   |                                    |
|---|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS  |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | <input type="checkbox"/> Delete |
| <b>D<br/>CLARK, DAVID W<br/>1281 BEE LANE<br/>GENEVA FL 32732</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | <input type="checkbox"/> Delete |
| <b>S<br/>RANKIN, W J<br/>P.O. BOX 10<br/>GENEVA FL 32732</b>      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *David W. Clark* **3-15-06** **407 831 3344**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66005297

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

WHOLESALE SIGN BUILDERS, INC.  
490 BAYMEADOW RD  
LONGWOOD, FL 32750

Subject: **WHOLESALE SIGN BUILDERS, INC.**

Reference Number:

**P02000129866**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION