

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061930

FILED
Apr 19, 2004
Secretary of State

Entity Name: THERMACRAFT FORMING & SIGN CORPORATION

Current Principal Place of Business:

560 10TH AVENUE SOUTH
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

560 10TH AVENUE SOUTH
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 13-4253646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURL, EVELYN
605 SHORE DRIVE EAST
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

CURL, EVELYN
560 10TH AVE SOUTH
SAFETY HARBOR, FL 34695 US

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: EVELYN CURL

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMILEY, KIM B
Address: 4016 ROLLING OAK DRIVE
City-St-Zip: LAKELAND, FL 33810 US

Title: VPD () Delete
Name: CURL, GARRETT L
Address: 605 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 34677 US

Title: VPD () Delete
Name: GIGANTELLI, FRANK K
Address: 1439 OWEN DRIVE
City-St-Zip: CLEARWATER, FL 33759 US

Title: STD () Delete
Name: CURL, EVELYN
Address: 605 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EVELYN CURL

SEC

04/19/2004

Electronic Signature of Signing Officer or Director

Date