

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000128942

1. Entity Name
DIVERSIFIED SIGNS, INC.



Principal Place of Business
1606 NEWPORT AVENUE
DELAND, FL 32724

Mailing Address
431 N. STONE STREET
DELAND, FL 32724



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0189231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SJODIN, RONALD W
810 EASTOVER CIRCLE
DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRADOV, WILLIAM 431 N. STONE STREET DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SJODIN, RONALD W 810 EASTOVER CIRCLE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BRADOV, WILLIAM 431 N. STONE STREET DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SJODIN, RONALD W 810 EASTOVER CIRCLE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80015-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ronald W. Sjodin Ronald W. Sjodin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05

Date

386-736-0923

Daytime Phone #