

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000128942

Entity Name

VERIFIED SIGNS, INC.



Principal Place of Business

106 NEWPORT AVENUE
DELAND, FL 32724

Mailing Address

431 N. STONE STREET
DELAND, FL 32724



01172006 No Chg-P CR2E034 (11/05)

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
10 EASTOVER CIRCLE
DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

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

Ronald W. Sjodin V.P.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

P/D	BRADOV, WILLIAM	431 N. STONE STREET	DELAND, FL 32720
VP/D	SJODIN, RONALD W	810 EASTOVER CIRCLE	DELAND, FL 32724
T/D	BRADOV, WILLIAM	431 N. STONE STREET	DELAND, FL 32724
S/D	SJODIN, RONALD W	810 EASTOVER CIRCLE	DELAND, FL 32724

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01/30/06-80060-023 150.00

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald W. Sjodin

Date

Daytime Phone #

1-18-06 *#386-736-0903*