9/20/2004 900001 016-$150.00-$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 OCT -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000129722

1. Entity Name
HOWARD GLOVER SIGNS, INC.

Principal Place of Business	Mailing Address
603 VERN DRIVE ORLANDO, FL 32805 US	603 VERN DRIVE ORLANDO, FL 32805 US

5407313S

09132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-0384270 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLOVER, HOWARD L 603 VERN DRIVE ORLANDO, FL 32805	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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 ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ____

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, HOWARD L 603 VERN DRIVE ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLOVER, VALERIE D 603 VERN DRIVE ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Howard L. Glover — SEPT. 15, 2004 — 407-423-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HOWARD GLOVER SIGNS, INC.
603 VERN DRIVE
ORLANDO, FL 32805

FILED
04 OCT -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I DID NOT RECEIVE THE FIRST NOTICE REGARDING MY CORPORATION ANNUAL REPORT. THEREFORE I REQUEST THAT YOU WAIVE THE $400.00 LATE FEE.

SINCERELY,

Howard L. Glover

PRESIDENT