

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90023 026 \*\*\*150.00

**DOCUMENT #P03000152581**

1. Entity Name  
**CREATIVE SIGNAGE SOLUTIONS, INC.**



Principal Place of Business  
**3712 CRAWFORDVILLE ROAD  
TALLAHASSEE, FL 32305**

Mailing Address  
**P.O. BOX 5901  
TALLAHASSEE, FL 32314**



07082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0496404**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KING, KIMBERLY L  
215 SOUTH MONROE STREET  
SECOND FLOOR  
TALLAHASSEE, FL 32301**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
**D  
HENNESSY, MATTHEW F  
6288 WHITTENDALE DRIVE  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(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 or other line empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/11/05 850 222-1315**  
Date Daytime Phone #

ATTACHMENT  
20064076

**The Sign Company of Tallahassee**  
**P.O. Box 5901,**  
**Tallahassee, Florida 32314**  
**850.222.1345**  
**850.942.0277 Fax**



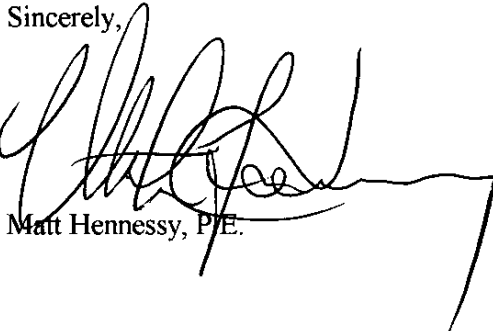
RE: Document # P03000152581

July 11, 2005

To Whom It May Concern,

Attached is a renewal of my corporation and check for the \$150 renewal fee. I recently received a Notice of Intent to dissolve my Corporation because of a failure to renew. This is my second year of incorporation and I was not aware that renewal was required nor did I receive any notice of renewal. It is on this basis that I respectfully request a waiver of the \$400 late payment penalty.

Sincerely,



Matt Hennessy, P.E.