

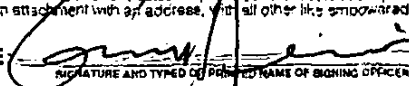
04/28/2005 13:22 5617210036

RBW AND ASS'

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90991 004 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121934			
1. Entity Name THE SIGN MAN OF SOUTH FLORIDA, INC.			
Principal Place of Business 15771 CITRUS GROVE BLVD. LOXAHATCHEE, FL 33470 US		Mailing Address 15771 CITRUS GROVE BLVD. LOXAHATCHEE, FL 33470 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DENNIS, GARY 15771 CITRUS GROVE BLVD. LOXAHATCHEE, FL 33470		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 _____ DATE _____ (Signatures typed or printed name of registered agent and not acceptable) (NOTE: Registered Agent's signature required when not acceptable)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DENNIS, GARY 15771 CITRUS GROVE BLVD. LOXAHATCHEE, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DENNIS, SONIA R 15771 CITRUS GROVE BLVD. LOXAHATCHEE, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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)(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 		4-29-05 561-795-5926	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66020744



04272005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1613987** Applied For
Not Applicable6. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**FL** Zip Code