## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Jul 25, 2006 8:00 am Secretary of State DOCUMENT # P05000076977 1. Entity Name 07-25-2006 90026 035 \*\*\*150 00 SIGNS BY TINA, INC. Principal Place of Business Mailing Address 5848 GALL BLVD 5848 GALL BLVD ZEPHRYHILLS FL 33542 ZEPHRYHILLS FL 33542 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/06) 2nd MOORE 4. FEI Number Applied For City & State City & State 20 290821 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name H.B. ROSS & CO. 5243 GALL BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 4 ZEPHYRHILLS FL 33542 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) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition ROOT, TINA NAME NAME 5848 GALL BLVD STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ROOT, THOMAS NAME NAME 5848 GALL BLVD STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 DITY-ST-7IP CITY-ST-71P SEC TITLE Delete TITLE ☐ Change Addition ROOT, JEREMY NAME NAME 5848 GALL BLVD STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE Change Change Addition STREET ADORESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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

**FILED** 

813.782-7636