


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90007 048 ***150.00

DOCUMENT # P05000165032 1. Entity Name CARDINAL SIGNS INC.					
Principal Place of Business 6342 NW 18 DR. UNIT #1 GAINESVILLE, FL 32653			Mailing Address 16731 SW 299 ST. HOMESTEAD, FL 33030		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132006 Chg-P CR2E034 (11/05) 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">74-3155401</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RANDALL, PAUL R 16731 SW 299 ST. HOMESTEAD, FL 33030			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANALL, PAUL R	NAME			
STREET ADDRESS	16731 SW 299 ST.	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANDALL, ABIGAIL H	NAME			
STREET ADDRESS	16731 SW 299 ST.	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 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: <i>Paul Randall</i>		Paul Randall		2-22-06 305-979-542	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	