

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-27-2007 90011 044 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000007183

1. Entity Name
AMERICAN POLITICAL SIGNS OF FLORIDA II, INC.



Principal Place of Business
**2321 PEMBROKE ROAD
HOLLYWOOD, FL 33020**

Mailing Address
**2321 PEMBROKE ROAD
HOLLYWOOD, FL 33020**

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0471675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STUART, BARBARA
2321 PEMBROKE ROAD
HOLLYWOOD, FL 33020**

**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

Barbara Stuart

(NOTE: Registered Agent signature required when re-registering)

DATE

Mar 19, 2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	STUART, BARBARA
STREET ADDRESS	4525 NW 64TH STREET
CITY- ST- ZIP	LAUDERHILL, FL 33319
TITLE	VP
NAME	STUART, CHARLES J
STREET ADDRESS	4525 NW 64 TERR
CITY- ST- ZIP	LAUDERHILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 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:

Barbara Stuart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 8, 2007 9205693