

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90005 004 ***150.00

DOCUMENT # P94000047189

1. Entity Name
CONN SIGN SERVICE, INC.



Principal Place of Business
**4800 N 301 FLORIDA EXPO PARK
TAMPA, FL 33680**

Mailing Address
**4800 N 301 FLORIDA EXPO PARK
TAMPA, FL 33680**

2. Principal Place of Business

6911 Parke East Blvd.

3. Mailing Address

Suite, Apt. #, etc.

#500

City & State

Tampa FL

City & State

Zip

33610

Country

Hillsborough

Zip

Country

07132004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3253651

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONN, ROBIN L
4800 N 301 FLORIDA EXPO PARK
TAMPA, FL 33610**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D President** ☐ Delete
NAME **CONN, ROBIN L**
STREET ADDRESS **4800 N 301 FLORIDA EXPO PARK**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **Conn Joseph V.P.** ☐ Delete
NAME **6911 Parke East #500**
STREET ADDRESS **Tampa FL 33610**
CITY-ST-ZIP

TITLE **Conn David V.P.** ☐ Delete
NAME **6911 Parke East #500**
STREET ADDRESS **Tampa FL 33610**
CITY-ST-ZIP

TITLE **Conn Elaine V.P.** ☐ Delete
NAME **6911 Parke East #500**
STREET ADDRESS **Tampa FL 33610**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

R. Conn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13/2004
Date

(813)623-1163
Daytime Phone #