2005 FOR PROFIT CORPORATION

FILED Mar 07, 2005 08:00 Al Secretary of State

ANN	_ 1 V 1	iar u /, z	5U GUU		
DOCUMENT # P96000049044 1. Entity Name CLIFFORD & HARDEN SIGNS, INC.				Secreta	ary of S
Principal Place of Business	Mailing Address		[
5815 GEORGIA AVE. WEST PALM BEACH, FL 33405	5815 GEORGIA AVE. WEST PALM BEACH, FL 33405				
					
DO MOT WO	TE NITUO OD		01312005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SP		ACE	4. FEI Number		Applied Fo
1			65-0684460		Not Applic
			5. Certificate of Status Desire	,d 🗀 \$8.	75 Additional

DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HARDEN, BRYON D				01312005 4. FEI Numb 65-068 5. Certificate		CR2E034 (
5815 GEORGIA AVE. WEST PALM BEACH, FL 33405			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 Signature. lyped or profiled name of registered agent and title if applicable. (NOTE. Registered Agent signature required when remistating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be Ided to Fees	U000003 03/07/05-8	25400 7 30055-023	3 150,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D HARDEN, BRYON D 5815 GEORGIA AVE. WEST PALM BEACH, FL 33405 VP PEDROCCO, ESTER 5815 GEORGIA AVE. WEST PALM BEACH, FL 33405				NOT W THIS SF				
STREET ADDRESS CITY-ST-ZIP TITLE 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:

SIGNATURE

**SIGNATURE*

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ≢