

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000054186		
1. Entity Name A AFFORDABLE SIGN CO. OF BREVARD, INC.		
Principal Place of Business 9100 ELLIS RD., UNIT A MELBOURNE, FL 32904-1037		Mailing Address 9100 ELLIS RD., UNIT A MELBOURNE, FL 32904-1037
DO NOT WRITE IN THIS SPACE		
		
03132006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3389220		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VANDIVER, CLAUDE 2455 NEW YORK ST MELBOURNE, FL 32904		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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST VANDIVER, SHIRLEY 2455 NEW YORK ST. MELBOURNE, FL 32904	
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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: <u>Shirley S. Vandiver</u> , Shirley S. Vandiver		3/13/06 321-724-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date