

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90022 044 ***150.00

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1. Entry Name
SIGNS IN ONE DAY OF CAPE CORAL, INC.



Principal Place of Business
**4408-A DEL PRADO BLVD
CAPE CORAL, FL 33904-7212 US**

Mailing Address
**4408-A DEL PRADO BLVD
CAPE CORAL, FL 33904-7212 US**

54020107



02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0721785

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATION, JOSEPH
4408-A DEL PRADO BLVD
CAPE CORAL, FL 33904**

Name
NATION, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
4408-A DEL PRADO BLVD

City **CAPE CORAL** FL Zip Code **33904**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **NATION, JOSEPH**
STREET ADDRESS **4408-A DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **D** ☐ Delete
NAME **NATION, MICHAEL**
STREET ADDRESS **4408-A DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 **D, PRES** ☒ Change ☐ Addition
NAME **NATION, MICHAEL**
STREET ADDRESS **111 SE 23RD AVE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **B, V.P.** ☐ Change ☒ Addition
NAME **BRIANT, SHAWN**
STREET ADDRESS **525 SE 24TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Mike Nation**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 (239) 540-7446

Date

Daytime Phone #