## 2006 FOR PROFIT CORPORATION

## Apr 14, 2006 8:00 am Secretary of State ANNUAL REPORT 04-14-2006 90150 050 \*\*\*150.00 **DOCUMENT # P97000067807** 1. Entity Name THE GREAT AMERICAN SIGN COMPANY Principal Place of Business Mailing Address 50012175 2088 N HAVERHILL RD 2088 N HAVERHILL RD US WEST PALM BCH, FL 33417 WEST PALM BCH, FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02072006 Chg-P City & State 4. FEI Number Applied For City & State 65-0775393 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent *X*enny SELWITZ, BRETT Street Address (P.O. Box Number is Not Acceptable) 11139 NW 15TH STREET CORAL SPRINGS, FL 33071 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. SIGNATU (NOTE: Registered Agent signature required when reinstating) name of registered agent and little if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President D Change Addition TITLE TITLE Delete 🕽 Danny Carter 6660 Country Place Road SELWITZ, BRETT NAME NAME 11139 NW 15TH STREET STREET ADDRESS STREET ADDRESS West Pain Beach, FL 33411 CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP secretary ☐ Change ★Addition Delete TITI F TITLE Debe Catter 6660 Country Place Road west Palm Beach, FL 33411 NAME SELWITZ, TRACEY E NAME 11139 NW 15TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-7IP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

**FILED** 

Daytime Phone #