## 2008 FOR PROFIT CORPORATION

008 08:00 Alary of State **ANNUAL REPORT** DOCUMENT # P97000067807 THE GREAT AMERICAN SIGN COMPANY Mailing Address Principal Place of Business 2088 N HAVERHILL RD 2088 N HAVERHILL RD WEST PALM BCH, FL 33417 WEST PALM BCH, FL 33417 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0775393 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARTER, DANNY DO NOT WRITE 6660 COUNTRY PL. RD WEST PALM BEACH, FL 33411 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 000000893853 10. OFFICERS AND DIRECTORS 04/24/08-80004-019 150.00 TITLE NAME CARTER, DANNY STREET ADDRESS 6660 COUNTRY PL. RD. CITY-ST-7IP WEST PALM BEACH, FL 33411 TITLE CARTER, DEBE 6660 COUNTRY PLACE RD STREET ADDRESS WEST PALM BEACH, FL 33411 CITY - ST - 7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 due 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 of the receiver or runtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

STREET ADDRESS

NAME

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #