

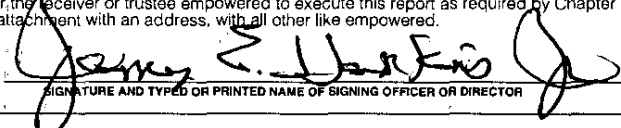


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90008 049 ***158.75

DOCUMENT # P97000094823 1. Entity Name SIGN SERVICE AND INSTALLATIONS, INC.					
Principal Place of Business 4413 MARION STREET MARIANNA, FL 32448			Mailing Address P.O. BOX 6307 MARIANNA, FL 32447		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">24078502</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> 07292004 Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div>4. FEI Number 59-3489244</div> <div>Applied For <input type="checkbox"/> Not Applicable</div> </div> <div style="font-size: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HARKINS, JAMES E JR 4413 MARION STREET MARIANNA, FL 32448					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKINS, JAMES E 3124 FOURTH STREET MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  8/3/04 850526334					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment
2408502

Division of Corporations

Annual Report

Page 1

Document Number
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Business Entity Name

SIGN SERVICE AND INSTALLATIONS, INC.

- ☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

593489244

FEI Number Status

☐

Applied For

☐

Not Applicable

☒

Current

Certificate of Status Desired

☒

Yes

☐

No

Principal Place of Business

Address

4413 MARION STREET

Suite, Apt. #, etc.

City, State

MARIANNA

FL

Zip Code & Country

32448

Mailing Address

Address

P.O. BOX 6307

Suite, Apt. #, etc.

City, State

MARIANNA

FL

Zip Code & Country

32447

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HARKINS

JAMES

E

JR

-or- RA Business Name

Address

4413 MARION STREET

Suite, Apt. #, etc.

City, State

MARIANNA

FL

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24078502
Division of Corporations

Annual Report

Page 2

Document Number
P97000094823Business Entity Name
SIGN SERVICE AND INSTALLATIONS, INC.Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

D

Name (Last, First, Middle, Title)

HARKINS

JAMES

E

-or- Entity Name

Street Address

4293 LIDDON STREET

City, State

MARIANNA

FL

Zip Code & Country

32446

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Attachment
24078502
091000091823

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title
Officer/Director Signature

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[Public Access Help](#)



Attachment
2407802

Division of Corporations

Annual Report

Payment Page

Document Tracking # - 000039360020
For
Corporate Annual Report # - P97000094823

The charge amount for your filing is \$158.75.

Payment

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

Credit Card Payment

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Reset

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Please Note

If you have used the browser 'BACK' button to get to this page, you should use the browser 'FORWARD' button to move to the next page.

Start Over



Attachman
24078502

Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P97000094823**

Tracking Number: **000039360020**

The charge for your Annual Report is
\$158.75

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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