2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

May 03, 2005 08:00 AM Secretary of State **DOCUMENT # P97000100787** SIGN STATION OF PINELLAS, INC. Mailing Address Principal Place of Business 12552 STARKEY RD 12552 STARKEY RD LARGO, FL 33773-2615 LARGO, FL 33773-2615 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3480270 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CECALA, MICHAEL J DO NOT WRITE 12552 STARKEY ROAD LARGO, FL 33773 IN THIS SPACE of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement in the the obligations of registered ager MICHAEL J. CECAL (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CECALA, MIKE UND0/10358418 12552 STARKEY RD STREET ADDRESS 1/5//14//05-80111-017 158.75 LARGO, FL 337732615 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 life empowered.

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED