## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P98000083383 P.J. SIGN SYSTEMS, INC. Principal Place of Business Mailing Address 614 FERN AVE 614 FERN AVE HOLLY HILL FL 32117 HOLLY HILL, FL 32117 US CR2E034 (11/05) 03242006 No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3536735 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEHMEYER, DAVID E DO NOT WRITE 435 S. RIDGE WOOD AVE IN THIS SPACE DAYTONA BEACH, FL 32114 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 apert and title if applicable (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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LYDDANE, NICHOLAS T III NAME STREET ADDRESS 1152 BRADENTON RD U00000493586 CITY-ST-ZIP DAYTONA BEACH, FL 32114 04/20/06-80010-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP nneNAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE STREET ADDRESS CITY-ST-ZIP TITLE 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 it 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 it changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS

SIGNATURE:

**FILED**