


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000103662 1. Entity Name LYKINS SIGNTEK & DEVELOPMENT SPECIALTIES, INC.	
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Principal Place of Business 5935 TAYLOR RD NAPLES, FL 34109	Mailing Address 1123 UNICA LANE NAPLES, FL 34105 US
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04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3611417	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEPHENSON, JAMES R 1123 UNICA LN NAPLES, FL 34105
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**DO NOT WRITE
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LYKINS, CHARLES M 5935 TAYLOR RD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENSON, JAMES R 5935 TAYLOR RD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYKINS, PAUL D 5935 TAYLOR RD NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80144-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James R. Stephenson* VP *James R. Stephenson* 4/29/05 239 594844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #