

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67306

FILED  
Mar 01, 2004  
Secretary of State

Entity Name: BEN'S SIGN SERVICE, INC.

## Current Principal Place of Business:

2724 S COLLINS AVE  
ST AUGUSTINE, FL 320952450

## New Principal Place of Business:

2724 S COLLINS AVE  
ST AUGUSTINE, FL 320842450

## Current Mailing Address:

2724 S COLLINS AVE  
ST AUGUSTINE, FL 320952450

## New Mailing Address:

2724 S COLLINS AVE  
ST AUGUSTINE, FL 320842450

FEI Number: 59-3081082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARR, WILLIAM BEN  
2724 S COLLINS AVE  
ST AUGUSTINE, FL 32095 US

## Name and Address of New Registered Agent:

CARR, WILLIAM BEN  
2724 S COLLINS AVE  
ST AUGUSTINE, FL 32084 US

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.

SIGNATURE: WILLIAM B. CARR

03/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARR, WILLIAM BEN,  
Address: 2724 S COLLINS AVE  
City-St-Zip: ST AUGUSTINE, FL

Title: VP ( ) Delete  
Name: CARR, MICHAEL E  
Address: 300 PINE LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ST ( ) Delete  
Name: ANDREWS, VICKIE C  
Address: 2600 CH ARNOLD RD  
City-St-Zip: SAINT AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CARR, MICHAEL E  
Address: 2718 S. COLLINS AVE.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKIE C. ANDREWS

ST

03/01/2004

Electronic Signature of Signing Officer or Director

Date