

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90104 010 \*\*\*150.00

<b>DOCUMENT # S67306</b> 1. Entity Name <b>BEN'S SIGN SERVICE, INC.</b>			
Principal Place of Business <b>2724 S COLLINS AVE</b> <b>ST AUGUSTINE, FL 32084-2450</b>		Mailing Address <b>2724 S COLLINS AVE</b> <b>ST AUGUSTINE, FL 32084-2450</b>	
2. Principal Place of Business <b>2724 S Collins Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>2724 S Collins Ave</b> Suite, Apt. #, etc.	
City & State <b>St. Augustine FL</b> Zip <b>32084</b> Country <b>US</b>		City & State <b>St. Augustine, FL</b> Zip <b>32084</b> Country <b>US</b>	
4. FEI Number <b>59-3081082</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CARR, WILLIAM BEN</b> <b>2724 S COLLINS AVE</b> <b>ST AUGUSTINE, FL 32084</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CARR, WILLIAM BEN</b> <b>2724 S COLLINS AVE</b> <b>ST AUGUSTINE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>CARR, MICHAEL E</b> <b>2718 S. COLLINS AVE.</b> <b>SAINT AUGUSTINE, FL 32084</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>ANDREWS, VICKIE C</b> <b>2600 CH ARNOLD RD</b> <b>SAINT AUGUSTINE, FL 32092</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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 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.			
<b>SIGNATURE: Vickie C. Andrews Vickie C. Andrews</b> <b>4/10/06 904-824-3323</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			