

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90067 041 \*\*\*150.00

**DOCUMENT # S71813**

1. Entity Name

ROCKET SIGN PRODUCTS, INC.



Principal Place of Business

8417-B LITTLETON RD  
FORT MYERS FL 33903

Mailing Address

8417-B LITTLETON RD  
FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0290849**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEETS, LIN  
229 NW 10 ST  
CAPE CORAL FL 33909

Name

**MICHAEL GARR**

Street Address (P.O. Box Number is Not Acceptable)

**207 NE 21 PL**

City

**Cape Coral**

**FL**

Zip Code  
**33909**

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

*Michael Garr*

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**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BEETS, LIN**  
STREET ADDRESS **229 NW 10 ST**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **V** ☐ Delete  
NAME **BEETS, REGINA**  
STREET ADDRESS **229 NW 10TH ST.**  
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **S** ☐ Delete  
NAME **GARR, MICHAEL**  
STREET ADDRESS **1930 SE 8TH ST.**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OC** ☒ Change ☐ Addition  
NAME **LIN Beets**  
STREET ADDRESS **1009 CLEAR CREEK DR**  
CITY-ST-ZIP **BOSTON, KY 40107**

TITLE **V/S/T** ☒ Change ☐ Addition  
NAME **Regina Beets**  
STREET ADDRESS **1009 CLEAR CREEK DR**  
CITY-ST-ZIP **BOSTON, KY 40107**

TITLE ☒ Change ☐ Addition  
NAME **MICHAEL GARR**  
STREET ADDRESS **207 NE 21 PL**  
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE:

*Michael Garr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #