

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V43227		
1. Entity Name LICKITY-SPLIT SIGN SHOP, CORP.		
Principal Place of Business 691 N COURTENAY STE B MERRITT ISLAND, FL 32953 US	Mailing Address 691 N COURTENAY STE B MERRITT ISLAND, FL 32953 US	
DO NOT WRITE IN THIS SPACE		



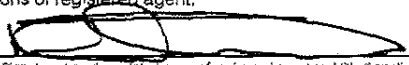
04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3130199	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EFSTATHIOU, KAREN A. 1264 PINE ISLAND RD MERRITT ISLAND, FL 32953
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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:  Nick Efsthio VP 4-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

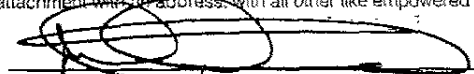
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFSTATHIOU, NICK 1264 PINE ISLAND RD MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFSTATHIOU, KAREN A. 1264 PINE ISLAND RD MERRITT ISLAND, FL 32953
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05/02/05-80131-001 150.00

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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:  4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #