

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L63174

FILED
Sep 03, 2009
Secretary of State**Entity Name:** SCOTT SIGN SYSTEMS, INC.**Current Principal Place of Business:**7524 COMMERCE PL
SARASOTA, FL 34243**New Principal Place of Business:**7525 PENNSYLVANIA AVE.
SARASOTA, FL 34243**Current Mailing Address:**P.O. BOX 1047
TALLEVAST, FL 34270**New Mailing Address:****FEI Number:** 65-0200051**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VENKATARAMON, RAVI
Address: 1763 TIMER TRAIL
City-St-Zip: COOKEVILLE, TN 38506

Title: VP () Delete
Name: HANNON, KATHY
Address: 1350 MAIN #1201
City-St-Zip: SARASOTA, FL 34236

Title: AS () Delete
Name: ABBOTT, STEWART
Address: 4047 65TH PL E.
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: EVANS, STEVEN J
Address: 5595 OAK GROVE CT.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: GM (X) Change () Addition
Name: AGUINALDO, MAURICE J
Address: 5745 AUGUSTA CIRCLE
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEWART ABBOTT

AS

09/03/2009

Electronic Signature of Signing Officer or Director

Date