


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000104593**  
 1. Entity Name  
**888THESIGN, INC.**



Principal Place of Business      Mailing Address  
**2381 GRIFFIN RD.**      **2381 GRIFFIN RD.**  
**DAVIE, FL 33314**      **DAVIE, FL 33314**

**DO NOT WRITE IN THIS SPACE**



03142007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-1052440**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**CEPEK, WILLIAM**  
**6940 SW 56 CT.**  
**DAVIE, FL 33314**

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

000000675988  
 03/30/07-80041-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPEK, WILLIAM 6940 SW 56 CT. DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CEPEK, DAWN 6940 SW 56 CT. DAVIE, FL 33314
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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.

**SIGNATURE:**       **3/21/07**      **954-862-1630**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #