2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90036 027 ***150.00

DOCUMENT # P03000032553

1. Entity Name
DAVIDSON SIGN SERVICES, INC.

400330

04172007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2746 TERRACE DR. NO. CLEARWATER, FL 33759	1201-B CEDAR ST. SAFETY HARBOR, FL 34695

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1201-B Cedar St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Safety Harbor, FL	City & State
Zip: 34695 / Country: U.S.A.	Zip / Country

4. FEI Number: 05-0559841 ☐ 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
BENKE, REBECCA L MRS. 2746 TERRACE DRIVE NORTH CLEARWATER, FL 33749	Name: Mildred L. Davidson Street Address (P.O. Box Number's Not Acceptable): 1201-B Cedar St. City: Safety Harbor **FL** Zip Code: 34695

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: Richard P. Davidson 4-26-07
Signature, Typed or Printed Name of Individual with Authority to Sign — Date

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, RICHARD P 2401 MOORE HAVEN DRIVE WEST CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIDSON, DANIEL B 1983 OTTER WAY PALM HARBOR, FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BENKE, REBECCA L 2746 TERRACE DRIVE NORTH CLEARWATER, FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard P. Davidson 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date