


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90015 036 \*\*\*150.00

**DOCUMENT # P03000110517**

1. Entity Name  
**AMERICAN SIGN CONSULTANTS, INC.**



Principal Place of Business      Mailing Address

~~8116 BRETON CIRCLE~~  
~~FT MYERS, FL 33912~~

C/O ROBERT D ROYSTON, JR., ESQ  
 P O DRAWER 60205  
 FT MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #

**5531 Mackabay Ct.**      **C/O John M. Wicker**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**P O Drawer 60205**

City & State      City & State

**Ft. Myers FL**      **Fort Myers FL**

Zip      Country      Zip      Country

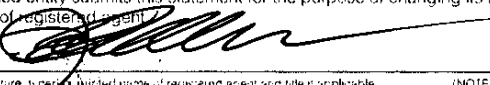
**33905 Lee**      **33906 USA**

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR, ESQ**  
**12670 NEW BRITTANY BLVD, STE 101**  
**FT MYERS, FL 33907**

Name      **JOHN M. WICKER, P.A.**  
 Street      **12670 NEW BRITTANY BLVD., STE 101**  
 City      **FORT MYERS, FL 33907**  
 Zip Code

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: **2/26/08**

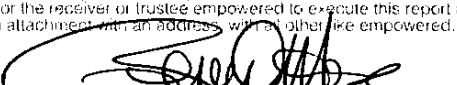
Signature is printed behind name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<b>PST</b> <b>HOSE, RENEE</b> <b>5531 MACKABOY CT</b> <i>mackabay ct.</i> <b>FORT MYERS, FL 33905</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:       **Renee D Hose**      Date: **2/18/08**      **2395616406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Printing #/Phone #