2008 FOR PROFIT CORPORATION

FILED May 05, 2008 8:00 am

ANNUAL REPURT						Secretary of State				
1. Entity Nam	MENT # P050000 igns inc.	97796					00262 038 ***			
Principal Plac	e of Business	Mailing Address				. a 0 H				
881 SUNRISI	E ROAD	881 SUNRISE ROAD			400	37687				
VENICE, FL		VENICE, FL 34293 U	IS		400	, ,				
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Suite, Apt.		Suite, Apt. #, etc.		ACC K	ν					
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, City & Stat	e 1/1	City & State		<i>r</i> -	4. FEI Num	Der Der		Applie	d For	
HICKOK	y NC	HICKORY	N	ے'	20-31	36905		Not Ap	plicable	
Zip	Country	Zip	Count		5. Certificat	e of Status Desired		5 Addition	ıal	
2860		18602		15A			- Fee H	Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
DUFFUS, LINDA					ALD H.	DNY DE	R,JR			
	ISE ROAD			- PER-MUDIE	SS IP COMPORTATION	ber is Not Accentabl				
VENICE, FL 34293				_5403	5 - LOH	1 ST U	ノ・, 			
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			Ì	City O	47 - 17	A /	FL Z	p Code	A [7]	
8 The above	named antity submits this state of	at for the purpose of changing its re	agistara		4DENTO	oth in the State of El	1 .	<u> </u>	0.1	
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.										
12/1/2/1/										
SIGNATURE_	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Recistered	1 Agent tigneture rec	quired when reinstating)	<u>4/7/0</u>	DATE			
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	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$5				\$5.00 May Be Added to Fees	•				
	<u> </u>						-			
10.		AND DIRECTORS	11.		ADDITIONS	S/CHANGES TO OFF				
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NAME STREET ADDRESS	DUFFUS, LINDA 881 SUNRISE ROAD		NAME		860 OL	D LAURE	LRD.			
CITY-ST-ZIP	VENICE, FL 34293				ickory	NC 28	1.02.			
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STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP		•	CITY-	ST-ZIP						
12. I hereby o	certify that the information supplied	with this filing does not qualify for t	the exe	mptions conta	ined in Chapter 1	9, Florida Statutes.	I further certify that	t the inform	nation	
indicated	on this report or supplemental reg	ort is true and accurate and that my empowered to execute this report as	signati	ure shall have t	the same legal effe	ect as if made under	oath: that I am an	officer or d	rector	
changed,	or on an attachment with an addr	ess, with all other like empowered.	uquii	- Sy Grapion	251 1 TOTIGE GIRLL	was since the tilly field	appears in biod	,	en 11 II	
010114		An (11)	1FIL	ein M	TUE	vs 7.1	" "/al	7		
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED INQUES OF SIGNING OFFICER OR DIRECTOR Date Destinate Display of the Control of the C										
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