

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094852

Entity Name: MOTT SIGN CORPORATION

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

479 OLD FLA ST. RD. 10
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

PO BOX 215
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 59-3124534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTT, JACKIE C
479 OLD FLA ST. RD. 10
VALPARAISO, FL 32580 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: MOTT, JACKIE C
Address: P O BOX 215
City-St-Zip: VALPARAISO, FL 32580

Title: D () Delete
Name: MOTT, JACKIE C
Address: P O BOX 215
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MOTT, JACKIE C
Address: P O BOX 215
City-St-Zip: VALPARAISO, FL 32580

Title: D (X) Change () Addition
Name: MOTT JR, JACKIE C
Address: 218 GRANDVIEW AVENUE
City-St-Zip: VALPARAISO, FL 32580

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: JACKIE C MOTT SR

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date