

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 260687

1. Entity Name
AMERICAN SIGN CO



Principal Place of Business
**5377 ASHTON COURT
SARASOTA, FL 34233**

Mailing Address
**5377 ASHTON COURT
SARASOTA, FL 34233**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0977920

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JONES, LARRY K.
5377 ASHTON CT
SARASOTA FLA., FL 34233**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**400000283677
04/17/08-80013-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, LARRY K. 5377 ASHTON CT. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASTINGS, HERBERT N 8477 TURNBERRY CIR SARASOTA, FL 00000, 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HASTINGS, JOANNE R 8477 TURNBERRY CIR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCULLERS, STEVEN D 3322 SILVERMOON DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08
Date

941-921-5511
Daytime Phone #