## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 267510** 

Entity Name: QUALITY NEON SIGN COMPANY

FILED Mar 10, 2009 Secretary of State

y	QO/\LITT	TVESTV SIGIV SOWII / NV			
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
5160 SUN JACKSON	BEAM RD IVILLE, FL 322	:57 US			
Current M	lailing Addres	s:	New Mailir	ng Address:	
5160 SUN JACKSON	BEAM RD IVILLE, FL 322	:57 US			
FEI Number	: 59-1001756	FEI Number Applied For (	) FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Age	nt: Name and	Address of New Registered Agent:	
13691 LIT	S,ROGER S. TLE HARBOR IVILLE, FL 322				
	named entity se of Florida.	submits this statement fo	r the purpose of changing it	s registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registere	ed Agent	Date	
Election Car	mpaign Financine	g Trust Fund Contribution (	).		
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WILLIAMS, RO 13691 LITTLE I JACKSONVILLI	HARBOR CT E, FL 32225	Title: Name: Address: City-St-Zip:	TDC (X) Change ( ) Addition WILLIAMS, ROGERS S CEO 13691 LITTLE HARBOR CT JACKSONVILLE, FL 32225	
Title: Name: Address: City-St-Zip:	BISHOP, SHER 510 HOLLY DR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () WILLIAMS, RO 3577 PINE STR JACKSONVILLI	EET	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition WILLIAMS, ROGER S II 5160 SUNBEAM ROAD JACKSONVILLE, FL 32257	
Title:	V ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRY J BISHOP VP 03/10/2009

KILLION, EDWARD

377 BLAGDON COURT

JACKSONVILLE, FL 32225

Name:

Address:

City-St-Zip: