2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 434144

1. Entity Name

SMALLWOOD SIGN COMPANY, INC



Principal Place of Business

Mailing Address

706 BURLEIGH BLVD P.O. BOX 1082 TAVARES, FL 32778 706 BURLEIGH BLVD P.O. BOX 1082 TAVARES, FL 32778

FILED Mar 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

	02242007 No Chg-P		CR2E034 (11/05)			
	. FEI Number			Applied For		
	59-1494	408		Not Applicable		
5. Certificate of Status Desired			\$8.75 Additional			

6. Name and Address of Current Registered Agent

MARY M MCDANIEL & ASSOCIATES PA 1330 CITIZENS BLVD, SUITE 302 LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

			İ						
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, Noed or printed name of registered agent and title if applicable (NOTE Registered Agent agristure required when reinstating) DATE									
Ogradov, goda de princia nama or registrata agost ano pira il apostabba (170 in registrata registrata a regis									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			~ —	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-S1-ZIP	ST SMALLWOOD, NELL W. 201 DELAWARE TAVARES, FL								
NAME STREET ADDRESS CITY-ST-ZIP	P SMALLWOOD,JOE PATRICK 706 BURLEIGH BLVD. TAVARES, FL				U00000655742 03/13/07-80119-007 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP									
NAME STREET ADDRESS CITY-ST-ZIP									
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.									

FATSMALLWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR