## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 515511** 

City-St-Zip:

SAFETY HARBOR, FL

Entity Name: SIGNATURE SIGNS, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
	I STREET, SO IARBOR, FL 3				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HSTREET, SO HARBOR, FL 3				
FEI Number:	: 59-1691624	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	MARK 1 ST. SOUTH HARBOR, FL 3	3572 US			
	named entity see of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) DINKEL,MARK, 1450 10TH ST. SAFETY HARB		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () TAPP, TERESA 1450 10TH ST. SAFETY HARB	S.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VPT () BOWERS, TON 1450 10TH ST.		Title: Name: Address:	( ) 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.

City-St-Zip:

SIGNATURE: MARK DINKEL PRES 04/22/2008