2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 608810 Mar 01, 2006 08:00 AM 1. Entity Name **Secretary of State** ALL-AMERICAN SIGNS, INC. Principal Place of Business Mailing Address 1109 WAYNESVILLE AVENUE 1109 WAYNESVILLE AVENUE LAKELAND FL 33801 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FE! Number Applied For City & State 59-1879626 Not Applicable Country 7.0 Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALACH, ANDREW J III 5422 CLUB HILL WEST Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 Zip Code City FL 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 wher- (cinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition ☐ Change TITLE 100000452518 MAME NAME ALACH, ANDREW J III STREET ADDRESS STREET ADDRESS 5422 CLUB HILL W. 03/13/06 80002-001 150.00 LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- AP CITY - ST-ZIP Detete. ☐ Addition 31115 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TOTAL NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: