2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ANNUAL REPORT (AR) **FILED** DOCUMENT # F05000007539 Jan 25, 2007 08:00 A 1. Entity Name **Secretary of State** L & J SIGNS & AWNINGS INCORPORATED Principal Place of Business Mailing Address 13478 SUMMER RAIN DRIVE 13478 SUMMER RAIN DRIVE ORLANDO FL 32828 ORLANDO FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #\_ctc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 06-0748849 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, LUIS E Street Address (P.O. Box Number is Not Acceptable) 13478 SUMMER RAIN DRIVE ORLANDO FL 32828 Zip Code 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. ้อว SIGNATURE (NOTE, Registered Agent signature reputited when reinstating) Signature, typed or printed name of registered against and title in applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Atter May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. CHRM ☐ Change ☐ Addition HILL Delete TITLE GONZALEZ, LUIS E NAME NAM 13478 SUMMER RAIN DRIVE SIPEET ADDRESS U00000602545 SIRFFI ADDRESS ORLANDO FL 32828 CITY SEZIF 01/26/07-80093-018 150.00 CITY ST /IP Change Addition 11111 Dcicte **SHI** NAMI NAME STRIFT ADDRESS STREET ADDRESS CHY ST /IP CITY SI-ZIP ☐ Cliange ☐ Addition ☐ Dolete HIB Im NAM STREET LADDRESS STREET ADDRESS CITY ST ZIP CITY SE ZIP 1811 ☐ Change ☐ Addition Delete IIILI SIAAIS NAME SIRLL LADDRESS STREET ADDRESS CITY ST 7/P CITY ST 78P Change Addition mu Delete HHE MAME NAMI SHELL LADDRESS STREET ADDRESS CHY SI ZIP CHY SI ZIP Change Addition HHE HILE Delete NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP 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 eath, 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.

Daytime Phone #