


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90006 044 ***150.00

DOCUMENT # H04129 1. Entity Name SIGN CONCEPTS, INC.	
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Principal Place of Business 304 S. PROSPECT TAMPA, FL 33634 US	Mailing Address 304 S. PROSPECT AVE. CLEARWATER, FL 34616 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2414180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARVELL, ANTHONY T. 2018 JEFFORDS ST. CLEARWATER, FL 33764	DO NOT WRITE IN THIS SPACE
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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 when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARVELL, ANTHONY T. 2018 JEFFORDS ST. CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE	

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.

SIGNATURE: ANTHONY CARVELL  **3/27/07** **727 462-5366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #