

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10545

FILED
Apr 13, 2009
Secretary of State

Entity Name: SIGNWORKS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

8036-3 PHILLIPS WAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

8036-3 PHILIPS HWY.
JACKSONVILLE, FL 32256

Current Mailing Address:

8036-3 PHILLIPS WAY
JACKSONVILLE, FL 32256

New Mailing Address:

8036-3 PHILIPS HWY.
JACKSONVILLE, FL 32256

FEI Number: 59-2675841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY, R HOPE PRES
2426 STATE RD. 13
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAY, R. HOPE PRES.
Address: 2426 STATE RD. 13
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVP () Delete
Name: MURRAY, TIMOTHY L.
Address: 12332 FIELD BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: R. HOPE MURRAY

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date