


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K81393</b> 1. Entity Name <b>SAPPHIRE SIGNS, INC.</b>	
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Principal Place of Business <b>5275 95TH ST N ST PETERSBURG, FL 33708</b>	Mailing Address <b>5275 95TH ST N ST PETERSBURG, FL 33708</b>
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**DO NOT WRITE IN THIS SPACE**



01022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2941552</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PENDLETON, MARILYN 10053 48 AVE N SAINT PETERSBURG, FL 33708</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 <b>Marilyn Pendleton</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Marilyn Pendleton</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>3-6-07</b> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PENDLETON, MARILYN 10053 48 AVE N SAINT PETERSBURG, FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SELSOR, CAROLYN 5424 70 LANE N SAINT PETERSBURG, FL 33709</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HAINES, SANDY 7777 LAKE VISTA DR SEMINOLE, FL 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/07-80005-006 150.00

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 <b>Marilyn Pendleton</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>President</b>	<b>3-6-07</b> <small>Date</small>
		<b>727.393-4543</b> <small>Daytime Phone #</small>