

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32323

FILED
Apr 19, 2009
Secretary of State

Entity Name: SIGNS OF DISTINCTION, INC.

Current Principal Place of Business:

150 BUSINESS PARKWAY
SUITE #1
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

150 BUSINESS PARKWAY
SUITE #1
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0157087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRACK, JEANNE
4930 129TH AVE NO.
ROYAL PALM BEACH, FL 33411 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: P () Delete
Name: STRACK, JEANNE
Address: 4930 129TH AVE. NO.
City-St-Zip: ROYAL PALM BEACH., FL 33411

Title: VP () Delete
Name: STRACK, KARL
Address: 4930 129TH AVE. NO.
City-St-Zip: ROYAL PALM BCH., FL 33411

Title: T () Delete
Name: COSTAIN, JENNIFER
Address: 15629 79TH COURT NO.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: STRACK, STEPHANIE
Address: 4123 D PALM BAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JENNIFER COSTAIN

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04/19/2009

Electronic Signature of Signing Officer or Director

Date