

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81436

FILED
Mar 04, 2009
Secretary of State

Entity Name: SIGNS & SPECIALTIES, INC.

Current Principal Place of Business:

1829 E EDGWOOD DRIVE
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

1829 E EDGEWOOD DRIVE
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-2893067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARWELL, DANA R.
932 WEDGEWOOD LANE
LAKELAND, FL 33813 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: CANTRALL, MATTHEW,
Address: 5319 SANDRA WAY
City-St-Zip: LAKELAND, FL

Title: STD () Delete
Name: HARWELL, DANA R.,
Address: 932 WEDGEWOOD LN.
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CANTRALL, MATTHEW,
Address: 5319 SANDRA WAY
City-St-Zip: LAKELAND, FL 33813 US

Title: STD (X) Change () Addition
Name: HARWELL, DANA R.,
Address: 932 WEDGEWOOD LN.
City-St-Zip: LAKELAND, FL 33813 US

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: DANA R. HARWELL

ST

03/04/2009

Electronic Signature of Signing Officer or Director

Date