


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90003 005 \*\*\*150.00

<b>DOCUMENT # P00000040518</b> 4. Entity Name <b>FLEMING SIGNS &amp; GRAPHICS, INC.</b>					
Principal Place of Business <b>5627 VERNA BLVD., SUITE 8 JACKSONVILLE, FL 32205</b>			Mailing Address <b>5627 VERNA BLVD., SUITE 8 JACKSONVILLE, FL 32205</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FLEMING, DAVE 5627 VERNA BLVD., SUITE 8 JACKSONVILLE, FL 32205</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FLEMING, WILLIAM D</b> <b>5627 VERNA BLVD., SUITE 8</b> <b>JACKSONVILLE, FL 32205</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>Suzette M. Fleming</b> <b>4037 Country Meadows Dr.</b> <b>Middleburg, FL 32068</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-5-08 904-693-1896 <small>Date Daytime Phone #</small>		

ATTACHMENT

40108186

**Laura S. Collins, E.A.**

ACCOUNTING \* TAX \* MANAGEMENT SERVICES \* NOTARY

Suite 220, 6885 Belfort Oaks Place

Jacksonville, FL 32216

Office (904) 281-1498, Fax (904) 281-0848

Mobile (904) 859-0136

June 7, 2008

State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Fleming Signs & Graphics, Inc.  
Doc# P000000405018

Dear Sir or Madam;

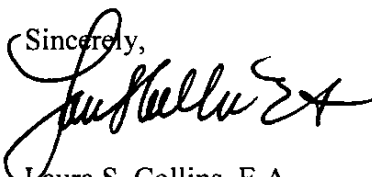
Enclosed is the 2008 For Profit Corporation Annual Report for the above referenced corporation. Payment of the annual filing fee in the amount of \$150.00 is also included.

The post-card notification was not identified properly by the administrative staff, and therefore timely filing of the annual report was not accomplished. My firm was retained for accounting and tax needs on June 5, 2008, at which time we noted the delinquency. In future, this form will be downloaded and mailed, or submitted with on-line payment.

Based on the record of timely filings in past years, we respectfully request favorable consideration in waiver of the late filing fee in the amount of \$400.00.

Your assistance in this matter is sincerely appreciated. Please respond directly to the officer/director as to its disposition.

Sincerely,



Laura S. Collins, E.A.  
For the Corporation