


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 022 ***150.00

DOCUMENT # P00000049978 1. Entity Name SIGNS NOW OF ST. AUGUSTINE, INC.					
Principal Place of Business 1970 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086			Mailing Address 1970 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box # 1711 Lakeside Ave.,		3. Mailing Address 1711 Lakeside Avenue,			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			
City & State St. Augustine, FL		City & State St. Augustine, FL			
Zip 32084		Country		Zip 32084	
Country		Country			
4. FEI Number 59-3647737			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROWN, BRAD 1970 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name: Brown, Brad Street Address (P.O. Box Number is Not Acceptable) 1711 Lakeside Ave Ste 1 City: St. Augustine FL Zip Code: 32084		
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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, BRAD 569 WILLOW WALK PLACE SAINT AUGUSTINE, FL 32086		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ALEIN 569 WILLOW WALK PLACE SAINT AUGUSTINE, FL 32086		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	<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.					
SIGNATURE: <u>Bradley N Brown</u> <u>BRADLEY N. BROWN</u> <u>2/24/8</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					