## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000036295

Entity Name: SIGNS-N-MOTION, INC.

FILED Feb 12, 2009 Secretary of State

10909 ATLANTIC BLVD. SUITE 17 JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

10909 ATLANTIC BLVD. SUITE 17 JACKSONVILLE, FL 32225

FEI Number: 55-0787267 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARRETT, SUSAN K PD

LYNN, BRIAN K

1629 LINKSIDE DR. N.

ATLANTIC BEACH, FL 32233 US

LYNN, BRIAN K

1345 PARK AVENUE

ORANGE PARK, FL 32073 US

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: BRIAN LYNN 02/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: **PRFS** HARRELL, LESLIE DIANE D STRICKLAND, LANDON L Name: Name: 3524 BRAN CT. E. 19205 HARBOUR VISTA CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: PD ( ) Delete Title: DIR (X) Change ( ) Addition Name: BARRETT, SUSAN KAY Name: LYNN, BRIAN K

Address: 1629 LINKSIDE DR. N. Address: 1345 PARK AVENUE
City-St-Zip: ATLANTIC BEACH,, FL 32233 City-St-Zip: ORANGE PARK, FL 32073

Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 LYNN, MICHAEL

 Address:
 Address:
 1345 PARK AVENUE

 City-St-Zip:
 City-St-Zip:
 ORANGE PARK, FL 32073

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: LANDON STRICKLAND PRES 02/12/2009