

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90012 014 \*\*\*150.00

DOCUMENT # P03000024967

1. Entity Name  
 A SIGN A SELL, INC.



Principal Place of Business  
 2012 SOUTHWIND CIRCLE  
 PENSACOLA FL 32506

Mailing Address  
 2012 SOUTHWIND CIRCLE  
 PENSACOLA FL 32506



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 2012 Southwind Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

Pensacola FL

City & State

FL

4. FEI Number 04-3757357

Applied For  
 Not Applicable

Zip 32506

Country Escombia

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKHAM, RANDALL G SR.  
 2012 SOUTHWIND CIR  
 PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name Randall Glen Markham, Sr.

Street Address (P.O. Box Number if Not Applicable)  
 2012 Southwind Circle

Pensacola FL

City City State Zip Code  
 Pensacola FL 32506

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 *Randall B. Markham, Sr.*

3/13/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARKHAM, LINDA J	
STREET ADDRESS	2012 SOUTHWIND CIR	
CITY - ST - ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Smida S. Markham*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07  
 Date

Daytime Phone #