

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90011 018 ***550.00

DOCUMENT # P04000001108

1. Entity Name
EASE Z SIGNS, INC.



Principal Place of Business
**5008 W LINEBAUGH AVE
STE 58
TAMPA, FL 33624**

Mailing Address
**5008 W LINEBAUGH AVE
STE 58
TAMPA, FL 33624**

DO NOT WRITE IN THIS SPACE



09022007 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0094449

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRECO, FRANK J
4047 HENDERSON BLVD
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAUNDERS, GORDON
STREET ADDRESS	6730 N. HIMES AVE APT 304 15015 Red Cliff Dr
CITY-ST-ZIP	TAMPA, FL-33614 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Gordon Saunders* *Gordon Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 2, 07

DATE

813-928-4491

DAYTIME PHONE #