

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157363

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** EXCEL SIGNS OF PINELLAS, INC.

**Current Principal Place of Business:**

301 PARK BLVD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

16623 35TH PLACE  
WELLBORN, FL 32094

**Current Mailing Address:**

301 PARK BLVD  
OLDSMAR, FL 34677

**New Mailing Address:**

16623 35TH PLACE  
WELLBORN, FL 32094

**FEI Number:** 20-1928876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCH, SHAWN  
301 PARK BLVD  
OLDSMAR, FL 34677 US

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

LYNCH, SHAWN  
16623 35TH PLACE  
WELLBORN, FL 32094 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:**

04/30/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LYNCH, SHAWN  
Address: 301 PARK BLVD  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: LYNCH, SHAWN  
Address: 16623 35TH PLACE  
City-St-Zip: WELLBORN, FL 32904

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:** SHAWN M LYNCH

PSTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date