2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000002729

1. Entity Name
TOTAL SIGNS & LIFTS, INC.

Principal Place of Business	Mailing Address
4184 DAIRY COURT UNIT D PORT ORANGE, FL 32127	730 HUNT CLUB TRAIL PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

01302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2135956	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIRES, FRANK J
4170 DAIRY COURT
SUITE 101
PORT ORANGE, FL 32127

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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 reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	PIRES, FRANK J
STREET ADDRESS	4184 DAIRY COURT SUITE 101
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____ Frank Pires _____ 1/30/07   386-253-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #