2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

Daytime Phone #

Date

ANNUAL KEPUKI								Secretary or State				
DOCUMENT # P05000065602							_	03-19-200	07 90059	042 ***1.	50.00	
Entity Name												
IMPACT DESIGNS & SIGNS, INC.												
							<u>/</u>					
Principal Plac	e of Business	Mailing Ac	Mailing Address			A00	37035					
105 NE 3RD RD			105 NE 3RD RD			•	400	31000				
HOMESTEAD, FL 33030			HOMESTEAD, FL 33030									
2. Principal P	Place of Business -	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01042007	Chg-P	CR2E0	34 (12/06)			
City & Stat	te	City & State					4. FEI Number Applied For 20-2802220 Not Applicable					
Zip	Country		7ip (Countr	у	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and	Registered A	egistered Agent			7. Name and	Address of New	Registered /	Agent			
SYTSMA, THOMAS JR						Name						
	312 STREET				Street Address (P.O. Box Number is Not Acceptable)							
TIOMESTE												
						City			FL	Zip Code	9	
		nils this statement f	or the purpose	of changing its:	registe:e	d ollice or regi	istered agent, or bu	th, in the State of F	lorida. Lam	familiar with,	kqeoos bns	
ine obligat	tions of registered a	igen.										
SIGNATURE	Sanatura tuovat or realis	id name of registered ages	to cod sitte of socialization	n decit	- Rea stowed	Accord come at one too	numed when roinstaling)		DATE	· · · · · · · · · · · · · · · · · · ·		
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	E NOW!!! FEE	: IS \$150.00 e will be \$550.	-	lection Campaid	_		\$5.00 May Be Added to Fees					
Arter M	70011 010 0011	TO TO TO										
10.	1_	OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OF	FICERS AND			
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CITY ST ZIP	HOMESTEAD,	FL			CHY	912 18						
TITLE	Pres			☐ Delete	TITLE					☐ Change	ddition	
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STREET ADDRESS						LADDRESS						

12. I hereby certify that the information supplied with this filing rioes 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

City St ZiP

SIGNATURE:

CITY ST ZIP