2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

ANNUAL REPORT						
DOCUMENT # P05000 1. Entity Name SIGN EXPRESS, INC.)113856					
Principal Place of Business 2017 WEST GULF TO LAKE HWY LECANTO, FL 34461 US	Meiling Address 2017 WEST GULF TO LAKE HWY LECANTO, FL 34461 US					

DO NOT WRITE IN THIS SPACE



04242007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
20-3318	070		Not Applicable	

6. Name and Address of Current Registered Agent

SPATE, ADAM L 501 S. MONROE STREET BEVERLY HILLS, FL 34465

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
the obligat	named entity submits this statement for the proof registered agent.	urpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little if	applicable. (NOTE, Registered	Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000753560 05/22/07-80026-009 150.00	
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	P SPATE, ADAM L 501 S. MONROE STREET BEVERLY HILLS, FL 34465					
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
NAME STREEF ADDRESS CHY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this fil	ing does not qualify for the exe	mptions co	ntained in Chapter 11	9, Florida Statutes, 1 further certify that the information of as if made under path; that I am an officer or director	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Priorida Statutes. I fulful a Statutes in India Statutes in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 352-527-7446