

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000119965 1. Entity Name SOUTH SHORE SIGNS, INC.	
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Principal Place of Business 103 COLLEGE AVE. WEST RUSKIN, FL 33570	Mailing Address 103 COLLEGE AVE. WEST RUSKIN, FL 33570
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

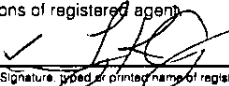
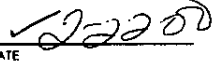
4. FEI Number 20-3378170	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CANNON, TRACY K
103 COLLEGE AVE WEST
RUSKIN, FL 33570**

**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  DATE 

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

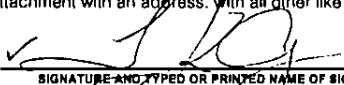
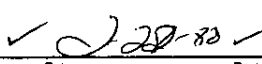
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000834511 02/28/08-80055-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CANNON, TRACY K 103 COLLEGE AVE WEST RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRAY, GLEN 103 COLLEGE AVE WEST RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:   **813
645-2201**

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