2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-30-2007 90065 029 ***158.75

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000016726

1. Entity Name
ALWAYS ON SIGNS, INC

Principal Place of Business	Mailing Address
8133 ANHINGA RD FT MYERS, FL 33912 US	8133 ANHINGA RD FT MYERS, FL 33912 US

07252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
19192 Murcott Dr. E.		19192 Murcott Dr E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft Myers FL.		City & State: Ft Myers FL	
Zip: 33967	Country: USA	Zip: 33967	Country: USA

4. FEI Number 20-425-1198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, DAVID P
8133 ANHINGA RD
FT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name: David P Medina
Street Address (P.O. Box Number is Not Acceptable): 19192 Murcott Dr E
City: Ft Myers Fl FL Zip Code 33967

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: David P Medina — 7-21-07
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MEDINA, DAVID P	
STREET ADDRESS	8133 ANHINGA RD	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	Secretary	☐ Delete
NAME	Todd Byers	
STREET ADDRESS	4337 Coxy Circle	
CITY-ST-ZIP	Naples FL 34109	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David P Medina David P Medina — 7-21-07 — 239 268-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per David Medina DCS