2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072836

Entity Name: JOHANNES SIGNS, INC.

JOHANNES, JUDY E

17442 S. TOMMY ROAD

GLEN ST. MARY, FL 32207

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4549 ST. AUGUSTINE ROAD SUITE 5 JACKSONVILLE, FL 32207 **New Mailing Address: Current Mailing Address:** 4549 ST. AUGUSTINE ROAD SUITE 5 JACKSONVILLE, FL 32207 FEI Number: 72-1617484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHANNES, HUBERT L 4549 ST. AUGUSTINE ROAD SUITE 5 JACKSONVILLE, FL FL US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JOHANNES, HUBERT L Name: Name: 17442 S. TOMMY ROAD Address: Address: City-St-Zip: GLEN ST. MARY, FL 32040 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition GRIFFIS, AUBRY W Name: Name: 5977 WHITE SANDS ROAD Address: Address: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: City-St-Zip: Title: Title: S/T () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JUDY JOHANNES S/T 04/30/2008