

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073467

Entity Name: FOCUS SIGN SYSTEMS, INC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

938 SANDY LN  
LYNN HAVEN, FL 32444

## New Principal Place of Business:

706 KRISTANNA DRIVE  
PANAMA CITY, FL 32405

## Current Mailing Address:

938 SANDY LN  
LYNN HAVEN, FL 32444

## New Mailing Address:

706 KRISTANNA DRIVE  
PANAMA CITY, FL 32405

FEI Number: 20-4983451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENSON, PERRY  
938 SANDY LN  
LYNN HAVEN, FL 32444 US

## Name and Address of New Registered Agent:

HARRELL, BENJAMIN  
706 KRISTANNA DRIVE  
PANAMA CITY, FL 32405 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: BENJAMIN HARRELL

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: BENSON, PERRY  
Address: 938 SANDY LN  
City-St-Zip: LYNN HAVEN, FL 32444

Title: SVD ( ) Delete  
Name: HARRELL, BENJAMIN  
Address: 1125 W 28TH PL.  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: HARRELL, GINA  
Address: 706 KRISTANNA DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: SVD (X) Change ( ) Addition  
Name: HARRELL, BENJAMIN  
Address: 706 KRISTANNA DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

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.

SIGNATURE: BENJAMIN HARRELL

SVD

03/23/2009

Electronic Signature of Signing Officer or Director

Date