


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90047 003 ***158.75

DOCUMENT # P06000143969		
1. Entity Name SIGNS WITH SERVICE, INC.		

Principal Place of Business 5627 VERA BOULEVARD UNIT 8 JACKSONVILLE, FL 32205	Mailing Address 6232 SPRING FOREST BOULEVARD JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box # 300 E. State Street		3. Mailing Address 4495-304 Roosevelt Blvd	
Suite, Apt. #, etc. Unit B		Suite, Apt. #, etc. Box 190	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32202	Country Duval	Zip 32210	Country Duval

01192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5918459		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HUMPHREY, BRUCE R D 6232 SPRING FOREST CIRCLE JACKSONVILLE, FL 32216		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State FL Zip Code		

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 *Bruce D Humphrey* *Bruce D Humphrey* *1/22/07*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HUMPHREY, BRUCE D 6232 SPRING FOREST CIRCLE JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Bruce D Humphrey* *Bruce D Humphrey* *1/22/07* *904-236-4692*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #