

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90110 029 \*\*\*150.00

**DOCUMENT # P07000028055**

1. Entity Name

**SIMPLE SIGN SOLUTIONS, INC.**



Principal Place of Business

**1985TH ST. NW  
WINTER HAVEN FL 33881**

Mailing Address

**1985TH ST. NW  
WINTER HAVEN FL 33881**

2. Principal Place of Business - No P.O. Box #

**2300 N.W. Ave. G.**

Suite, Apt. #, etc.

3. Mailing Address

**345 S.E. Ave. J.**

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

**Winter Haven, Fla.**

Zip  
**33880**

Country

**Polk-USA**

City & State

**Winter Haven, Fla.**

Zip  
**33880**

Country

**USA-Polk**

4. FEI Number

**26229 3665**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORTIZO, CARLOS G  
1985TH ST. NW  
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

*Carlos Gomez*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Marzo/15/2008*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
CORTIZO, CARLOS G  
1985TH ST. NW  
WINTER HAVEN FL 33881**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Carlos Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15

863 521 9244

Date

Daytime Phone #