

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102376

FILED  
Feb 24, 2012  
Secretary of State

Entity Name: AMERICAN SIGN RECOVERY, INC.

**Current Principal Place of Business:**

1705 SOUTH DIVISION AVE.  
ORLANDO, FL 32805

**New Principal Place of Business:**

1020 W. AMELIA ST.  
ORLANDO, FL 32805

**Current Mailing Address:**

1705 SOUTH DIVISION AVE.  
ORLANDO, FL 32805

**New Mailing Address:**

1020 W. AMELIA ST.  
ORLANDO, FL 32805

FEI Number: 27-4430499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOWEN, DANA L II  
1705 SOUTH DIVISION AVE.  
ORLANDO, FL 32805 US

**Name and Address of New Registered Agent:**

GREENO, BARRY W  
1020 W. AMELIA ST.  
ORLANDO, FL 32805 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: BARRY W. GREENO

02/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GOWEN, II, DANA L II  
Address: 1705 SOUTH DIVISION AVE.  
City-St-Zip: ORLANDO, FL 32805

Title: VP  
Name: GREENO, BARRY  
Address: 1007 STRATHMORE DRIVE  
City-St-Zip: ORLANDO, FL 32806 US

Title: VP  
Name: CIANFROGNA, LOUIS  
Address: 465 EAST SOUTH ST., #7  
City-St-Zip: ORLANDO, FL 32801 US

I hereby 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 all other like empowered.

SIGNATURE: BARRY W. GREENO

VP

02/24/2012

Electronic Signature of Signing Officer or Director

Date