

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-24-2008 90099 032 ***150.00



DOCUMENT # P93000057977

1. Entity Name

SIGN CRAFTERS, INC.

Principal Place of Business

552 S. HWY 27
 SUITE B
 MINNEOLA FL 34715
 US

Mailing Address

552 S. HWY 27
 SUITE B
 MINNEOLA FL 34715
 US



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

Suite, Apt. #, etc.

3. Mailing Address

143 W. Montrose St
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

Zip

Country

City & State

Zip

Country

CLERMONT, FL
34711
USA

4. FEI Number

59-3198350

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLIS, SANDRA M.
143 MONTROSE STREET
CLERMONT FL 34711

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

Signature, typed or printed name of you (if not agent) and etc. (if applicable)

(NOTE: Registered Agent signature required when restate(s))

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	<input type="checkbox"/> Delete
D	SOLIS, CARLOS	143 MONTROSE ST	CLERMONT FL 34711	<input type="checkbox"/>
D	SOLIS, SANDRA M	143 MONTROSE ST	CLERMONT FL 34711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 correct 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 the like answers.

SIGNATURE:

Sandra M. Solis
SANDRA M. Solis

4-21-08

352-988-3438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #