

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057977

FILED
Jan 08, 2009
Secretary of State

Entity Name: SIGN CRAFTERS, INC.

Current Principal Place of Business:

552 S. HWY 27
SUITE B
MINNEOLA, FL 34715 US

New Principal Place of Business:

143 W. MONTROSE STREET
CLERMONT, FL 34711 US

Current Mailing Address:

143 W MONTROSE ST
CLERMONT, FL 34711 US

New Mailing Address:

143 W. MONTROSE STREET
CLERMONT, FL 34711 US

FEI Number: 59-3198350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOLIS, SANDRA M.
143 MONTROSE STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOLIS, CARLOS
Address: 143 MONTROSE ST
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SOLIS, SANDRA M
Address: 143 MONTROSE ST
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANDRA M. SOLIS

D

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date