

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P94000061012

1. Entity Name
SIGN SOLUTIONS, INC.



Principal Place of Business
16228 FLIGHT PATH DR.
BROOKSVILLE, FL 34604-6875

Mailing Address
16228 FLIGHT PATH DR.
BROOKSVILLE, FL 34604-6875 US



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3264597	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WAYNE
16228 FLIGHT PATH DR.
BROOKSVILLE, FL 34604-6875

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title 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. ☐ \$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, WAYNE
STREET ADDRESS	16228 FLIGHT PATH DR.
CITY-ST-ZIP	BROOKSVILLE, FL 346046875
TITLE	D
NAME	JOHNSON, DAVID
STREET ADDRESS	16228 FLIGHT PATH DR.
CITY-ST-ZIP	BROOKSVILLE, FL 346046875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/07-80008-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied on 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 information provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE JOHNSON

Date

3/23/07

Daytime Phone #

352-948-2530