2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P95000062522 1. Entity Name SIGNS BY CONNIE, INC.					04-21-2008 90078 035 ***150.00				
Principal Place of Business 3743 COMMERCIAL WAY SPRING HILL, FL 34606 US SPRING HILL, FL 34606 US SPRING HILL, FL 34606 US									
Principal Place of Business - No P.O. Box # Mailing Address			-	-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number 59-3331	 652		-	plied For t Applicable
Zip	Country Zip Co		Coun	try	5. Certificate o	***************************************		8.75 Add	
	6. Name and Address of Curren	t Registered Agent	•		7. Name and A	ddress of New R	legistered A	gent	
			_	Name					
MASTRONI, CONSTANCE D 12120 TOPAZ ST SPRING HILL, FL 34608				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	•
	named entity submits this statement ions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flo	orida, I am fa	miliar with,	and accept
: SIGNATURE_	Signature, typed or printed name of registered agei	t end take if anniverse to MOT	F-Reostere	d Agent signature require	d when remetation)		DATE		
		(10)	z. negatore						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					.00 May Be ded to Fees				
			_			HANGES TO OFF	ICERS AND	DIRECTORS	: IN 11
10.		DIRECTORS	11.		ADDITIONS/C			5	
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TITLE NAME STREET ADDRESS	PTD MASTRONI, DAVID M 12120 TOPAZ ST		TITLE NAM STRE	E Et address	ADDITIONS/C				
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receipt persity must the information supplied with this tiling 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 like empowered.

SMME Mastrom - Connie Mastroni BIGNATURE AND TYPED OR PRINTED HAME OF BIGNERY OFFICER OR DIRECTOR 4-17-08 352-688-6935 SIGNATURE: