

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096075

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: CARTER'S SIGN SHOP, INC.

## Current Principal Place of Business:

2365 FRANCIS AV  
NAPLES, FL 34112 US

## New Principal Place of Business:

2365 LINWOOD WAY  
NAPLES, FL 34112 US

## Current Mailing Address:

2365 FRANCIS AV  
NAPLES, FL 34112 US

## New Mailing Address:

P.O. BOX 9435  
NAPLES, FL 34101 US

FEI Number: 65-0650931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REARDON, SHARON Y  
2365 FRANCIS AV  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

REARDON, SHARON Y  
2365 LINWOOD WAY  
NAPLES, FL 34112 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:

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REARDON, SHARON Y  
Address: 3340 24TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

Title: VP ( ) Delete  
Name: REARDON, MARCUS G  
Address: 3340 24TH AVE SE  
City-St-Zip: NAPLES, FL 34117 US

Title: S (X) Delete  
Name: CHORBA, NICOLE S  
Address: 2634 FRENCH AVE  
City-St-Zip: LAKELAND, FL 33801 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SHARON Y REARDON

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date