## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000035569

Entity Name: FLORIDA LOGOS, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3764 NEW TAMPA HWY LAKELAND, FL 33815 US				
Current Mailing Address:			New Mailing Address:	
P O BOX 66338 BATON ROUGE, LA 70896 US				
FEI Number:	65-0671887	FEI Number Applied For ( ) FEI Num	nber Not Appli	cable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 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:				
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () D STEWART, T EVE 5551 CORPORAT BATON ROUGE, L	RETT E BLVD	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition STEWART, T EVERETT 5551 CORPORATE BLVD BATON ROUGE, LA 70808
Title: Name: Address: City-St-Zip:	VD () D REILLY, KEVIN JF 5551 CORPORAT BATON ROUGE, L	E BLVD	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition REILLY, KEVIN JR 5551 CORPORATE BLVD BATON ROUGE, LA 70808
Title: Name: Address: City-St-Zip:	VP ( ) D REILLY, SEAN 5551 CORPORAT BATON ROUGE, I	E BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () D MCILWAIN, JAME 5551 CORPORAT BATON ROUGE, I	ES E BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD () D ISTRE, KEITH A 5551 CORPORAT BATON ROUGE, I	E BLVD	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition ISTRE, KEITH A 5551 CORPORATE BLVD BATON ROUGE, LA 70808
Title: Name: Address: City-St-Zip:	V () D HENNOSY, ANDR 3764 NEW TAMP, LAKELAND, FL 3	EW A HWY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

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: KEITH ISTRE CFO 04/17/2009