


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90028 008 ***158.75

DOCUMENT # P96000070927					
1. Entity Name SIGN PRODUCTS INTERNATIONAL INCORPORATED					
Principal Place of Business 13700 58TH ST N STE 201 CLEARWATER, FL 33760 US			Mailing Address 13700 58TH ST N STE 201 CLEARWATER, FL 33760 US		
2. Principal Place of Business - No P.O. Box # 516 BELLE ISLE AVE		3. Mailing Address 516 BELLE ISLE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BELLEAIR BEACH FL		City & State BELLEAIR BEACH FL		4. FEI Number 65-0698031	
Zip 33786-3612		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, KELLY R 13700 58TH ST N., SUITE 201 CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 516 BELLE ISLE AVE City BELLEAIR BEACH FL Zip Code 33786-3612			
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: <u>KELLY R COLEMAN</u> DATE: <u>1-8-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, KELLY R 13700 58TH ST N STE 201 CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	516 BELLE ISLE AVE BELLEAIR BEACH FL 33786-3612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	516 BELLE ISLE AVE BELLEAIR BEACH FL 33786-3612	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	516 BELLE ISLE AVE BELLEAIR BEACH FL 33786-3612	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with 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 like empowered.					
SIGNATURE: <u>KELLY R COLEMAN</u> DATE: <u>1-8-08</u> DAYTIME PHONE: <u>727 403 8690</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					