


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90036 044 \*\*\*150.00

**DOCUMENT # P98000021787**  
 1. Entity Name  
**SIGNS IN ONE DAY OF LEHIGH, INC.**



Principal Place of Business: **1402 LEE BLVD. LEHIGH ACRES, FL 33936**  
 Mailing Address: **12670 NEW BRITTANY BLVD., STE. 101 FORT MYERS, FL 33907**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**40 JOHN M. WICKER, P.A.  
 P.O. DRAWER 60205  
 FORT MYERS, FL 33906**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

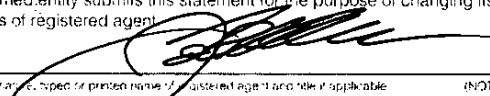
4. FEI Number: **65-0820555**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required.**

**6. Name and Address of Current Registered Agent**  
**ROYSTON, ROBERT D JR  
 12670 NEW BRITTANY BLVD., STE. 101  
 FORT MYERS, FL 33907**

**7. Name and Address of New Registered Agent**  
 Na: **JOHN M. WICKER, P.A.**  
 Str: **12670 NEW BRITTANY BLVD., STE 101**  
 FORT MYERS, FL 33907  
 Ci: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or in a foreign jurisdiction familiar with, and accept the obligations of registered agent.

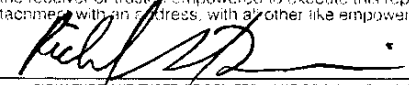
SIGNATURE:   
Signature typed or printed name of registered agent and role if applicable (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST. DENNIS, RICHARD G			NAME			
STREET ADDRESS	1402 LEE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST. DENNIS, MARY J			NAME			
STREET ADDRESS	1402 LEE BLVD.			STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33936			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/4/08**  
 Daytime Phone #

40001004



01152008 Chg-P CR2E034 (12/06)