

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033865

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: SIGNS CITY OF CENTRAL FLORIDA INC.

## Current Principal Place of Business:

6420 MATCHETT ROAD  
ORLANDO, FL 32809

## New Principal Place of Business:

6157 CYRIL ST.  
ORLANDO, FL 32809

## Current Mailing Address:

6420 MATCHETT ROAD  
ORLANDO, FL 32809

## New Mailing Address:

6157 CYRIL ST.  
ORLANDO, FL 32809

FEI Number: 59-3508072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOUGLAS, STEVEN  
6420 MATCHETT ROAD  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

DOUGLAS, STEVEN C PRES.  
6420 MATCHETT ROAD  
ORLANDO, FL 32809 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: STEVEN C. DOUGLAS

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DOUGLAS, STEVEN  
Address: 6420 MATCHETT ROAD  
City-St-Zip: ORLANDO, FL 32809

Title: DV ( ) Delete  
Name: DOUGLAS, DEBRA SHANNON  
Address: 6420 MATCHETT ROAD  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DOUGLAS, STEVEN C PRES  
Address: 6420 MATCHETT ROAD  
City-St-Zip: ORLANDO, FL 32809

Title: DV (X) Change ( ) Addition  
Name: DOUGLAS, DEBRA SHANNON VP  
Address: 6420 MATCHETT ROAD  
City-St-Zip: ORLANDO, FL 32809

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: DEBRA SHANNON DOUGLAS

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date