## FILED 2007 FOR PROFIT CORPORATION Jun 01, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P98000083383 05-08-2007 90019 025 \*\*\*150.00 P.J. SIGN SYSTEMS, INC. Principal Place of Business Mailing Address 614 FERN AVE 614 FERN AVE HOLLY HILL, FL 32117 US HOLLY HILL, FL 32117 US No Cha-P CR2E034 (11/05) 05292007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3536735 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEHMEYER, DAVID E DO NOT WRITE 435 S. RIDGE WOOD AVE IN THIS SPACE DAYTONA BEACH, FL 32114 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 above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the above named entity submits the statement of the purpose of changing its registered agent. pril 27 07 SIGNATURE\_ (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE LYDDANE, NICHOLAS T III NAME 1152 BRADENTON RD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.