


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000065207 1. Entity Name SIGNAGE, INC. |  |
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|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 1106 MURRAY DRIVE JACKSONVILLE, FL 32205 | Mailing Address 1106 MURRAY DRIVE JACKSONVILLE, FL 32205 |
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04282006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3603831 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

**LEADBEATER, SUSAN W
1106 MURRAY DRIVE
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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 *Susan M. Leadbeater* *4-27-06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000548277
05/12/06-80058-011 150.00**

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD LEADBEATER, SUSAN W 1106 MURRAY DRIVE JACKSONVILLE, FL 32205 |
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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: *Susan M. Leadbeater* *4-27-06* *904-388-3727*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #