


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90077 038 ***150.00

DOCUMENT # S51661	
1. Entity Name ABR SIGNS, INC.	

Principal Place of Business 110 W ST. ANNES CIRCLE APOLLO BEACH, FL 33572 US	Mailing Address P.O. BOX 3594 APOLLO BEACH, FL 33572 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>110 W ST. ANNES CIRCLE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>APOLLO BEACH, FL</i>	4. FEI Number 59-3062120
Zip <i>33572</i>	Country <i>US</i>

40164010



07092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent RYAN, THOMAS A. 110 W ST. ANNES CIRCLE APOLLO BEACH, FL 33572		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, THOMAS A. 110 W ST. ANNES CIRCLE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas A. Ryan* **THOMAS A. RYAN** 7/9/07 83310-3829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #