

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000096505

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC1880113924**

**Entity Name:** OAKLEY SIGNS & GRAPHICS DESIGN, INC.

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD, SUITE 520  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

650 S. NORTHLAKE BLVD, SUITE 520  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 05-0584924

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEVITT, KENNETH DVP S  
650 S. NORTHLAKE BLVD, SUITE 520  
ALTAMONTE SPRINGS, FL 32701 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LEVITT, SCOTT MPRES  
Address 650 S. NORTHLAKE BLVD, SUITE 520  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VD  
Name LEVITT, BRETT MVP  
Address 650 S. NORTHLAKE BLVD, SUITE 520  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title STD  
Name LEVITT, KENNETH DVP S T  
Address 650 S. NORTHLAKE BLVD, SUITE 520  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VD  
Name LEVITT, KEITH RVP  
Address 650 S. NORTHLAKE BLVD, SUITE 520  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*I hereby 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 all other like empowered.*

**SIGNATURE:** KENNETH LEVITT

VP

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date