


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 024 ***150.00

DOCUMENT # F04000006494

1. Entity Name
GLOBAL SIGNAL REIT SAVINGS TRS, INC.



Principal Place of Business
**301 N CATTLEMEN RD
 SARASOTA, FL 34232**

Mailing Address
**301 N CATTLEMEN RD
 SARASOTA, FL 34232**

20049477



2. Principal Place of Business
301 N Cattlemen Rd
 Suite, Apt. #, etc.
Suite 300
 City & State
Sarasota FL
 Zip
34232 Country
USA

3. Mailing Address
301 N Cattlemen Rd
 Suite, Apt. #, etc.
Suite 300
 City & State
Sarasota FL
 Zip
34232 Country
USA

04152005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1356959 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, STEPHEN W		NAME	Blommer, Camille	
STREET ADDRESS	301 N CATTLEMEN RD		STREET ADDRESS	301 N Cattlemen Rd	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAIN, DAVID		NAME	McMullen, Greerson	
STREET ADDRESS	301 N CATTLEMEN RD		STREET ADDRESS	301 N Cattlemen Rd	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	Sarasota FL 34232	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZICK, RONALD G		NAME		
STREET ADDRESS	301 N CATTLEMEN RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, WILLIAM T		NAME		
STREET ADDRESS	301 N CATTLEMEN RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Camille Blommer Date: 4/21/05 Daytime Phone #: 941-364-8886