


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000021644**

1. Entity Name  
 SIGNATURE HOME FINISHES, INC.



Principal Place of Business  
 19327 PINE RUN LANE  
 FT. MYERS, FL 33912 US

Mailing Address  
 19327 PINE RUN LANE  
 FT. MYERS, FL 33912

**DO NOT WRITE IN THIS SPACE**



06202005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0636637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLS, JEFFREY W  
 19327 PINE RUN LANE  
 FT. MYERS, FL 33912

**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: Jeffrey W. Falls JEFFREY W. FALLS 6-20-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FALLS, JEFFREY W 19327 PINE RUN LANE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PURNELL, PATRICK H 19327 PINE RUN LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRAUENHEIM, LISA 19327 PINE RUN LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 06/29/05-80001-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jeffrey W. Falls JEFFREY W. FALLS 6-20-05 239-267-73K  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #