

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021644

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: SIGNATURE HOME FINISHES, INC.

## Current Principal Place of Business:

19327 PINE RUN LANE  
FT. MYERS, FL 33912 US

## New Principal Place of Business:

19320 PINE GLEN DRIVE  
FT. MYERS, FL 33967 US

## Current Mailing Address:

19327 PINE RUN LANE  
FT. MYERS, FL 33912

## New Mailing Address:

19320 PINE GLEN DRIVE  
FT. MYERS, FL 33967

FEI Number: 01-0636637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FALLS, JEFFREY W  
19320 PINE GLEN DRIVE  
FT. MYERS, FL 33967 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: \_\_\_\_\_

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FALLS, JEFFREY W  
Address: 19327 PINE RUN LANE  
City-St-Zip: FT. MYERS, FL 33912

Title: V ( ) Delete  
Name: PURNELL, PATRICK H  
Address: 19327 PINE RUN LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: ST ( ) Delete  
Name: FALLS, LISA  
Address: 19327 PINE RUN LANE  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FALLS, JEFFREY W  
Address: 19320 PINE GLEN DRIVE  
City-St-Zip: FT. MYERS, FL 33967

Title: V (X) Change ( ) Addition  
Name: PURNELL, PATRICK H  
Address: 19320 PINE GLEN DRIVE  
City-St-Zip: FORT MYERS, FL 33967

Title: ST (X) Change ( ) Addition  
Name: FALLS, LISA  
Address: 19320 PINE GLEN DRIVE  
City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY W. FALLS

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date