

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000004881

1. Entity Name
SIGNATURE FURNITURE, INC.



Principal Place of Business

321 E 12TH STREET
SILVERTON, CO 81433

Mailing Address

PO BOX 655
SILVERTON, CO 81433-0655



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1340728	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, PATRICIA A
1323 BAYSHORE DRIVE #8
FORT PIERCE, FL 34949

**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

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SCHMIDT, ROBERT G
STREET ADDRESS	321 E 12TH STREET
CITY-ST-ZIP	SILVERTON, CO 81433
TITLE	VCVP
NAME	SCHMIDT, PATRICIA A
STREET ADDRESS	321 E 12TH STREET
CITY-ST-ZIP	SILVERTON, CO 81433
TITLE	ST
NAME	SCHMIDT, PATRICIA A
STREET ADDRESS	321 E 12TH STREET
CITY-ST-ZIP	SILVERTON, CO 81433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000582168
01/11/07-80021-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia A. Schmidt

PATRICIA A. SCHMIDT

1-9-2007

970-387-0298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #