

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J17265

1. Entity Name
SIGNCRAFT OF NAPLES, INC.



Principal Place of Business
**% THOMAS G. BEAVER
3661 MERCANTILE AVENUE
NAPLES, FL 34104 US**

Mailing Address
**% THOMAS G. BEAVER
3661 MERCANTILE AVENUE
NAPLES, FL 33942-3311 US**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2674860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAASEMANN, KLAUS
3661 MERCANTILE AVENUE
NAPLES, FL 34104**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAASEMANN, KLAUS
STREET ADDRESS	3661 MERCANTILE AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	DVP
NAME	HASSEMANN, CHRISTEL
STREET ADDRESS	3661 MERCANTILE AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	BEAVER, THOMAS
STREET ADDRESS	3661 MERCANTILE AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80076-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KLAUS HAASEMANN
PRESIDENT**

Date

Daytime Phone #

1/20/05 239-643-1777 x204