2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17265

Address:

City-St-Zip:

3661 MERCANTILE AVE

NAPLES, FL 34104

Entity Name: SIGNCRAFT OF NAPLES, INC

FILED Jun 25, 2009 Secretary of State

		ar or twa EEO, hao.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	S G. BEAVER CANTILE AVEI FL 34104 U	· <u>·</u> · · · · · · · · · · · · · · · · ·			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
% THOMAS G. BEAVER 3661 MERCANTILE AVENUE NAPLES, FL 339423311 US				% THOMAS G. BEAVER 3661 MERCANTILE AVENUE NAPLES, FL 34104 US	
FEI Number:	59-2674860	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
3661 MERONAPLES, F		S			
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agen	ıt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HAASEMANN, K 3661 MERCANT NAPLES, FL 34	ΓILE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () HASSEMANN, C 3661 MERCANT NAPLES, FL 34	TILE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () BEAVER, THOM	Delete 1AS	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KLAUS HAASEMANN P 06/25/2009