



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # K24571 1. Entity Name SIGNATURE MAINTENANCE SYSTEMS, INC.			
Principal Place of Business 16609 US HWY 19 HUDSON, FL 34667 US		Mailing Address 16609 US HWY 19 HUDSON, FL 34667 US	
DO NOT WRITE IN THIS SPACE			
			
		02232004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2890981		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGGIERE, ROSALIE 16609 US HWY 19 HUDSON, FL 34667		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	LEGGIERE, ROSALIE S		
STREET ADDRESS	16609 US HWY 19		
CITY- ST- ZIP	HUDSON, FL 34667		
TITLE	VD		
NAME	STRALLY, DENNIS J		
STREET ADDRESS	16609 US HWY 19		
CITY- ST- ZIP	HUDSON, FL 34667		
TITLE	STD	DO NOT WRITE IN THIS SPACE	
NAME	LEGGIERE, ROSALIE S.		
STREET ADDRESS	16609 US HWY 19		
CITY- ST- ZIP	HUDSON, FL 34667		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: <i>Rosalie Leggiere</i> Rosalie Leggiere		4-16-04 727-869-2965	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	