

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # K24571

1. Entity Name
SIGNATURE MAINTENANCE SYSTEMS, INC.



Principal Place of Business
8163 SR 52
HUDSON, FL 34667 US

Mailing Address
8163 SR 52
HUDSON, FL 34667 US



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2890981	Applied For 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
8163 SR 52
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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**

000000685394
04/09/07-80004-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEGGIERE, ROSALIE S
STREET ADDRESS	8163 SR 52
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	VD
NAME	STRALLY, DENNIS J
STREET ADDRESS	8163 SR 62
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	STD
NAME	LEGGIERE, ROSALIE S.
STREET ADDRESS	8163 SR 52
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Rosalie S. Leggier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

727-869-2965

Daytime Phone #