


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K24571</b> 1. Entity Name <b>SIGNATURE MAINTENANCE SYSTEMS, INC.</b>	
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Principal Place of Business <b>8163 SR 52 HUDSON, FL 34667 US</b>	Mailing Address <b>8163 SR 52 HUDSON, FL 34667 US</b>
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**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2890981</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LEGGIERE, ROSALIE 8163 SR 52 HUDSON, FL 34667</b>
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**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEGGIERE, ROSALIE S 8163 SR 52 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRALLY, DENNIS J 8163 SR 62 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEGGIERE, ROSALIE S. 8163 SR 52 HUDSON, FL 34667
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01/30/08-80072-015 150.00

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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. Leggiere* **Rosalie S. Leggiere** **1-24-08** **727-869-2965**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #