

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90292 018 ***150.00

DOCUMENT # K83654

1. Entity Name
SIGNATURE HOMES OF CENTRAL FLORIDA, INC.



Principal Place of Business
**P.O. BOX 65
AUBURNDALE, FL 33823**

Mailing Address
**P.O. BOX 65
AUBURNDALE, FL 33823**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2993167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIVEY, JAMES M
6400 BELLO ROBLE DR
AUBURNDALE, FL 33823**

**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	SPIVEY, JAMES M.
STREET ADDRESS	6400 BELLO ROBLE DR
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	V
NAME	SPIVEY, RODNEY
STREET ADDRESS	345 MEDORA
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	VP
NAME	JAMES C SPIVEY
STREET ADDRESS	1310 CARR DRIV
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	
NAME	
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 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

James C. Spivey

8/14/05

Date

883/967-8527

Daytime Phone #