

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

May 01, 2007 08:00 AM  
Secretary of State

DOCUMENT # K98393

1. Entity Name

SIGNATURE HOMES OF CITRUS COUNTY INC.



Principal Place of Business

7825 HOMOSASSA TRAIL  
UNIT 2  
HOMOSASSA, FL 34446 US

Mailing Address

P.O. BOX 640627  
BEVERLY HILLS, FL 34464-0627 US



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2956051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNHARDT, JOHN D  
7825 HOMOSASSA TRAIL  
UNIT 2  
HOMOSASSA, FL 34446

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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000753577  
05/22/07-80026-017 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPST  
BARNHARDT, JOHN D.  
7825 HOMOSASSA TRAIL UNIT 2  
HOMOSASSA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D BARNHARDT

Date

4-30-07

Daytime Phone #

352 527 3540