## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90089 040 \*\*\*150.00 DOCUMENT #L33550 1. Entity Name SIGNATURE REALTY SERVICES, INC. 400.00202 Principal Place of Business Mailing Address % SWANN & HADDOCK, P.A. % SWANN & HADDOCK, P.A. P.O. BOX 953535 103 COMMERCE STREET SUITE 130 LAKE MARY, FL 32746 LAKE MARY, FL 32795 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03062007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2990309 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOW, F. DEWAYNE Street Address (P.O. Box Number is Not Acceptable) 1103 COMMERCE STREET SUITE 130 LAKE MARY, FL 32746 Zip Code City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT TITLE Delete ☐ Addition TITLE ☐ Change LOW, FREDERICK DEWAYNE NAME 1045 GOLF VALLEY DRIVE STREET ADDRESS STREET ADDRESS APOPKA, FL 32712 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - 6 ☐ Delete THILE ☐ Change Addition و رايز بالال NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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

**FILED**