



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M90299 1. Entity Name SIGNATURE CONSTRUCTION OF OCALA, INC.	
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Principal Place of Business 405 S.E. 52ND AVE. OCALA, FL 34471-3330 US	Mailing Address 405 S.E. 52ND AVENUE OCALA, FL 34471-3330 US
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DO NOT WRITE IN THIS SPACE

	
01032007	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2902034	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 MOXLEY, JOHN ESQ. 2320 NE 2ND ST. SUITE 4 OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

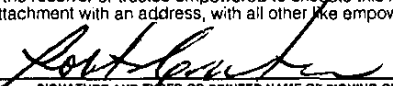
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BREWSTER, ROBERT C 405 S.E. 52ND AVENUE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RANDOLPH, RACHEL D 2425 SW 3RD AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/05/07-80010-004 150.00

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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:  ROBERT C. BREWSTER	1-3-07 (352) 624-1812 Date Daytime Phone #