

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P00000095104

1. Entity Name  
SIGNATURE WOODWORKING INC.



Principal Place of Business  
3761 NE 4TH AVE  
OAKLAND PARK, FL 33334

Mailing Address  
2213 E. ATLANTIC BLVD.  
POMPAHO BEACH, FL 33062 US



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1045984

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TURAN, WILLIAM  
3761 NE 4TH AVE  
OAKLAND PARK, FL 33334

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000907665  
05/05/08-80047-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TURAN, WILLIAM M  
STREET ADDRESS 3761 NE 4TH AVE  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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:

*William Turan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-08 (954) 931 0435