

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000116217

1. Entity Name
SIGNATURE LIFT, INC.



Principal Place of Business
741 SW 2ND ST
BOCA RATON, FL 33486

Mailing Address
741 SW 2ND ST
BOCA RATON, FL 33486

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02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KUNTZ, JOSEPH J III
741 SW 2ND ST
BOCA RATON, FL 33486

**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 D
NAME KUNTZ, JOSEPH J III
STREET ADDRESS 741 SW 2ND ST
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D
NAME BONE, DAVID A
STREET ADDRESS 905 MISSION HILL RD
CITY-ST-ZIP BOYNTON BEACH, FL 33435

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02/19/05-80027-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

2-17-05

Date

561-750-6838

Daytime Phone #