

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90005 016 ***150.00

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1. Entity Name
SIGNATURE SUPPLY, INC.



Principal Place of Business
3330 EAST MAIN ST.
LAKELAND, FL 33801

Mailing Address
P.O. BOX 1585
LAKELAND, FL 33802

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3688381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAREY, ROSE M
3330 EAST MAIN ST.
LAKELAND, FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GIGLIA, M. JOYCE	
STREET ADDRESS	P.O. BOX 1585	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAREY, STEPHEN M	
STREET ADDRESS	P.O. BOX 1585	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIGLIA, M. JOYCE	
STREET ADDRESS	P.O. BOX 1585	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAREY, ROSE M	
STREET ADDRESS	P.O. BOX 1585	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Giglia	
STREET ADDRESS	P.O. Box 1585	
CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	Treasurer/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Carey	
STREET ADDRESS	P.O. Box 1585	
CITY-ST-ZIP	Lakeland, FL 33802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 address, with all other like empowered.

SIGNATURE:

Rose Carey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/07 863-665-7157