2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# P01000019651

Entity Name: SIGNET ENGINEERING, INC.

Current Principal Place of Business:

24260 PRODUCTION CIRCLE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

24260 PRODUCTION CIR
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3698614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, TIMOTHY P
8692 MANDERSTON COURT
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HAYES, TIMOTHY P	
Address:	8692 MANDERSTON COURT	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VP	( ) Delete
Name:	WHEELER, KEVIN L	
Address:	18677 TELEGRAPH CREEK LN	
City-St-Zip:	ALVA, FL 33920	
Title:	VP	( ) Delete
Name:	UMLOR, CHARLES J	
Address:	25290 DIVOT DRIVE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	ST	( ) Delete
Name:	TRASK, KENNETH N	
Address:	356 SHARWOOD DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	D	( ) Delete
Name:	ROBERTS, NORMAN K	
Address:	124 PAYNE CT	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ROBERTS, NORMAN K	
Address:	PO BOX 368081	
City-St-Zip:	BONITA SPRINGS, FL 34136	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY P. HAYES P 01/09/2004

Electronic Signature of Signing Officer or Director — Date