


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90015 050 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P03000072183 1. Entity Name EXECUTIVE SIGNATURE REALTY CORP. | | | |  | |
| Principal Place of Business 2 OFFICE PARK DRIVE A-14 PALM COAST, FL 32137 | | | Mailing Address 2 OFFICE PARK DRIVE A-14 PALM COAST, FL 32137 | | |
| 2. Principal Place of Business - No P.O. Box # 29 Forsythe Ln | | 3. Mailing Address 29 Forsythe Ln | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Palm Coast, FL | | City & State Palm Coast, FL | | 4. FEI Number 13-4257094 | |
| Zip 32137 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAHM, CATHERINE M 2 OFFICE PARK DRIVE A-14 PALM COAST, FL 32137 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29 Forsythe Ln City Palm Coast FL Zip Code 32137 | | |
| 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 <u><i>Catherine M Hahm</i></u> DATE <u><i>7/22/08</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTs HAHM, CATHERINE M MS 2 OFFICE PARK DRIVE SUITE A-14 PALM COAST, FL 32137 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Same 29 Forsythe Ln - Palm Coast, FL 32137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCM HAHM, CATHERINE M MS 2 OFFICE PARK DRIVE SUITE A-14 PALM COAST, FL 32137 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Same 29 Forsythe Ln Palm Coast, FL 32137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u><i>Catherine M Hahm</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u><i>7/22/08</i></u> Daytime Phone # | | |