

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000083737**

1. Entity Name  
**SIGNATURE COMMUNICATION SERVICES, INC.**



Principal Place of Business  
**8941 S.W. 6TH ST.  
BOCA RATON FL 33433**

Mailing Address  
**8941 S.W. 6TH ST.  
BOCA RATON FL 33433**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **27-0065959**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOODY, THOMAS E  
8941 S.W. 6TH ST.  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MOODY, THOMAS E	
STREET ADDRESS	8941 S.W. 6TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MOODY, DENISE	
STREET ADDRESS	8941 S.W. 6TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

☐ Change ☐ Addition

**000000431857**  
**02/23/06-80042-012 150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 THOMAS E. MOODY TPZ 2/10/06 561-766-4062