## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000094274

Entity Name: SIGNATURES, INC.

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7117 PELICAN BAY BLVD. #209 NAPLES, FL 34108 **New Mailing Address: Current Mailing Address:** 7117 PELICAN BAY BLVD. #209 NAPLES, FL 34108 FEI Number: 33-1069517 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMAURO, PATRICIA DEMAURO, DENNIS 7117 PELICAN BAY BLVD. 7117 PELICAN BAY BLVD. 209 209 NAPLES, FL 34108 US NAPLES, FL 34108 US 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: DENNIS DEMAURO 04/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: () Change () Addition DEMAURO, PATRICIA A Name: Name: 7117 PELICAN BAY BLVD. #209 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition DEMAURO, DENNIS Name: Name: 7117 PELICAN BAY BLVD. #209 Address: Address: NAPLES, FL 34108 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA A DEMAURO **PRES** 04/24/2009