



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90566 047 ***150.00

DOCUMENT # P03000098187 1. Entity Name SIGNATURE REAL ESTATE SERVICES OF OSCEOLA, INC																																																																																					
Principal Place of Business 2411 THE OAKS BLVD KISSIMMEE, FL 34746 US			Mailing Address 2411 THE OAKS BLVD KISSIMMEE, FL 34746 US																																																																																		
2. Principal Place of Business 672 HACIENDA Circle Suite, Apt. #, etc.		3. Mailing Address 672 HACIENDA Circle Suite, Apt. #, etc.																																																																																			
City & State Kissimmee, FL. Zip 34741		City & State Kissimmee, FL. Zip 34741		4. FEI Number 54-2125987																																																																																	
Country US		Country US		Applied For <input type="checkbox"/> Not Applicable																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04142005 Chg-P CR2E034 (10/03)																																																																																	
6. Name and Address of Current Registered Agent POLLOCK, SCOTT H 2411 THE OAKS BLVD KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name SCOTT H. POLLOCK Street Address (P.O. Box Number is Not Acceptable) 672 HACIENDA Circle City Kissimmee																																																																																		
FL			Zip Code 34741																																																																																		
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>Scott Pollock</i></u> DATE <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P</td> <td>POLLOCK, SCOTT H</td> <td>2411 THE OAKS BLVD</td> <td></td> </tr> <tr> <td></td> <td></td> <td>KISSIMMEE, FL 34746</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P	POLLOCK, SCOTT H	2411 THE OAKS BLVD				KISSIMMEE, FL 34746			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P</td> <td>SCOTT H. POLLOCK</td> <td>672 HACIENDA Circle</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Kissimmee, FL 34741</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		P	SCOTT H. POLLOCK	672 HACIENDA Circle				Kissimmee, FL 34741																																																				
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.																																																																																					
SIGNATURE: <u><i>Scott Pollock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/15/05</u> Daytime Phone # <u>407.933.0726</u>																																																																																		