


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 004 ***150.00

DOCUMENT # P03000148193 1. Entity Name SIGNATURE K, INC.					
Principal Place of Business 1910 SE 50TH ST GAINESVILLE FL 32641			Mailing Address 1910 SE 50TH ST GAINESVILLE FL 32641		
2. Principal Place of Business <i>Cash-a-Check</i>		3. Mailing Address <i>2635 NW 13 St</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Gainesville FL</i>		City & State		4. FEI Number <i>20-0446688</i>	
Zip <i>32609</i>		Country <i>Alachua</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUEGER, SCOTT DAVID 2750 NW 43RD ST SUITE 201 GAINESVILLE FL 32606				7. Name and Address of New Registered Agent Name <i>Kelly Alexander</i> Street Address (P.O. Box Number is Not Acceptable) <i>Cash-a-Check</i> <i>2635 NW 13 St</i> City <i>Gainesville</i> FL Zip Code <i>32609</i>	
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 <i>Kelly Alexander</i> DATE <i>040904</i> <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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, KELLY 1910 SE 50TH ST GAINESVILLE FL 32641		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: <i>Kelly Alexander</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>040904</i> Daytime Phone #	



MOORE CR2E034 (11/03)