


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 013 ***150.00

DOCUMENT # P04000029587

1. Entity Name
SIGNACCESS, INC.



Principal Place of Business Mailing Address

715 NORTH DRIVE **715 NORTH DRIVE**
SUITE C **SUITE C**
MELBOURNE, FL 32934 US **MELBOURNE, FL 32934 US**

00020764

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7205 Waeltli Drive **7205 Waeltli Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02052007 Chg-P CR2E034 (12/06)

City & State City & State

Melbourne, FL **Melbourne, FL**

Zip Country Zip Country

32940 **USA** **32940** **USA**

4. FEI Number Applied For

30-0230270 Not Applicable

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

6. Name and Address of Current Registered Agent

COUTURIER, LINDA K
110 WOODS SOUTH
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent

Name
Linda Kirst Couturier

Street Address (P.O. Box Number is Not Acceptable)
7205 Waeltli Drive

City State Zip Code

Melbourne **FL** **32940**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	COUTURIER, LINDA K	
STREET ADDRESS	110 WOODS SOUTH	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COUTURIER, JOSEPH W	
STREET ADDRESS	110 WOODS SOUTH	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Linda Kirst Couturier Date: 2-20-07 Daytime Phone # _____