

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 047 ***150.00

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1. Entity Name
SIGNATURE TITLE OF MARCO ISLAND, INC.



Principal Place of Business
**601 E. ELKCAM CIRCLE
B-14
MARCO ISLAND, FL 34145**

Mailing Address
**601 E. ELKCAM CIRCLE
B-14
MARCO ISLAND, FL 34145**

20002304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-1198159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROXSON, JULIANNE
583 TALLWOOD STREET
SUITE 102
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name **JULIANNE BROXSON**
Street Address (P.O. Box Number is Not Acceptable)
601 ELKCAM CA. B-14
City **MARCO ISLAND** FL Zip Code **34145**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **BROXSON, JULIANNE**
STREET ADDRESS **1241 SPANISH COURT**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **VP** ☐ Delete
NAME **MOSS, HEIDI**
STREET ADDRESS **583 TALLWOOD STREET**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 DELBROOK WAY**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1241 SPANISH CT.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06
Date

Daytime Phone #