

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
May 15, 2007 8:00 am
Secretary of State

04-23-2007 90058 002 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P04000159950			
1. Entity Name SIGN TECH, INC.			
Principal Place of Business 25191 E. OLYMPIA AVENUE BUILDING G PUNTA GORDA FL 33950		Mailing Address 25191 E. OLYMPIA AVENUE BUILDING G PUNTA GORDA FL 33950	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1940920		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STURMAN, MARK 25191 E. OLYMPIA AVENUE BUILDING G PUNTA GORDA FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Mark Sturman</u> DATE <u>4/17/07</u> Signature, typed or printed name of registered agent, and date of application (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PST STURMAN, MARK 1930 POINCIANA AVENUE PUNTA GORDA FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Mark Sturman</u> 5/7/07		941-2826-7446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	