2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90117 001 ***150.00
P04000161181

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05 JUL 19 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06302005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000161181

1. Entity Name
SIGNATURE CLOSING SPECIALISTS, INC.

Principal Place of Business	Mailing Address
3945 ORANGE TREE LANE WESTON, FL 33332	3945 ORANGE TREE LANE WESTON, FL 33332

2. Principal Place of Business	3. Mailing Address
5411 University Dr.	5411 University Dr.
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33067 Country: USA	Zip: 33067 Country: USA

4. FEI Number: 20-1951938 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOTH, SARAH L
3945 ORANGE TREE LANE
WESTON, FL 33332

7. Name and Address of New Registered Agent

Name: Sarah B. Stafford
Street Address (P.O. Box Number Is Not Acceptable): 3945 Orange Tree Ln
City: Weston FL Zip Code: 33332

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: Sarah B. Stafford   DATE: 6/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOOTH, SARAH L 3945 ORANGE TREE LANE WESTON, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sarah B. Stafford 3945 Orange Tree Ln Weston, FL 33332	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STAFFORD, BEN 3945 ORANGE TREE LANE WESTON, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Sarah B. Stafford   6/30/05   954-818-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #