

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000014871



1. Entity Name
SIGNATURE DISTRIBUTION COMPANY

Principal Place of Business
15480 AVIATION LOOP DRIVE
BROOKSVILLE, FL 34609 US

Mailing Address
7211 HIAWATHA PARKWAY
SPRING HILL, FL 34606 US



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2239541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIRGILIO, RAYMOND P
7211 HIAWATHA PARKWAY
SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	NAHAI, GARY J
STREET ADDRESS	15480 AVIATION LOOP DR
CITY-ST-ZIP	BROOKSVILLE, FL 34604

TITLE	DVP
NAME	NAHAI, XIAO Y
STREET ADDRESS	15480 AVIATION LOOP DR
CITY-ST-ZIP	BROOKSVILLE, FL 34604

TITLE	
NAME	
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CITY-ST-ZIP	

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05/30/08-80005-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

04-36-08 352-799-1060