


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90001 019 ***150.00

DOCUMENT # P05000079979 1. Entity Name SIGNATURE SECURITY & SOUND DESIGN, INC.					
Principal Place of Business 8169 DOROTHY AVE N. PORT, FL 34287			Mailing Address 8169 DOROTHY AVE N. PORT, FL 34287		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		07032007 Chg-P CR2E034 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PREWETT, DAN 5777 BENEVA RD. SOUTH SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name <u>SAM SEPP</u> Street Address (P.O. Box Number is Not Acceptable) <u>8169 Dorothy Ave</u> City <u>North Port</u> FL Zip Code <u>34287</u>		
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>Sam Sepp</u> DATE <u>8-23-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SMITH, NATHANIEL T 4949 BULLARD ST. N. PORT, FL 34287	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEPP, SAMUEL T 8169 DOROTHY AVE. N. PORT, FL 34287	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAMPNER, MARK D 3317 N. CHAMBERLAIN BLVD. NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Nathaniel Smith</u> Date <u>8-23-07</u> Daytime Phone # <u>941-234-6947</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					