



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90373 012 ***150.00

DOCUMENT # P05000161218 1. Entity Name MCCORMICK SIGNATURE SERVICES, INC.			
Principal Place of Business 3541 FAIRWAY FOREST DR PALM HARBOR, FL 34685		Mailing Address 3541 FAIRWAY FOREST DR PALM HARBOR, FL 34685	
2. Principal Place of Business 36181 East Lake Rd Suite, Apt. #, etc. 379		3. Mailing Address 36181 East Lake Rd Suite, Apt. #, etc. 379	
City & State Palm Harbor FL		City & State Palm Harbor	
Zip 34685		Zip FL 34685	
Country Pinellas		Country FL	
4. FEI Number 20-3910869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMICK, KRISTIN 3541 FAIRWAY FOREST DR PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Kristin McLomick Street Address (P.O. Box Number is Not Acceptable) 36181 East Lake Rd #379 City Palm Harbor FL Zip Code 34685	
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 _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.			
SIGNATURE: 		Kristin McLomick 4-27-06	

727-656-0855