

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 Palm Harbor
Zip 34685 Country Pinellas

City & State
FL 34685



02092006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3910849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMICK, KRISTIN
3541 FAIRWAY FOREST DR
PALM HARBOR, FL 34685

Name Kristin McCormick
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

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, 2006 Fee will be \$550.00

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> President Kristin McCormick #379 36181 East Lake Rd Palm Harbor, FL 34685 <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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-656-0855

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

05-01-2006 90373 012 ***150.00