


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90001 003 \*\*\*150.00

DOCUMENT # P06000059645 1. Entity Name SIGNUM PLUS, INC.	
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Principal Place of Business 5216 BENJAMIN LN SARASOTA, FL 34233	Mailing Address 5216 BENJAMIN LN SARASOTA, FL 34233
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**DO NOT WRITE IN THIS SPACE**



06102008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2063536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STREZENICKY, RADOSLAV  
 5216 BENJAMIN LN  
 SARASOTA, FL 34233

**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 *Dadosla St...* (NOTE: Registered Agent signature required when reinstating) DATE 6.10.08

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STREZENICKY, RADOSLAV 5216 BENJAMIN LN SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STREZENICKY, DAGMAR 5216 BENJAMIN LN SARASOTA, FL 34233
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Dadosla St...* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE 6.10.08 Daytime Phone # 941-320-8905