## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # P06000125402  1. Entity Name SIGNATURE TOWERS CONSTRUCTION, INC.						ł,	04-14-200	8 90028 043	***1:	50.00	
Principal Place of Business 5351 NW 44TH AVENUE OCALA, FL 34482 US		Mailing Address PO BOX 830188 OCALA, FL 34483-0188 US				i ( <b>b.</b> 7)(70) ii	Tana ann atin aan aan	BI (1818 1182) BINK BIRI		ERI 18 ( <b>es</b> i	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02012008	· Chg-P	CR2E034 (1	2/06)		
City & State		City & State				4. FEI Numb 01-088			Not	lied For Applicable	
i Zip	Country	Zip	Coun	lry			of Status Desired	Fee R	5 Addit		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
REIS, JASON J				GARRY D. ADEL							
7222 N VARSITY AVE CITRUS SPRINGS, FL 34434				Street Address (P.O. Box Number is Not Acceptable) 4 SE Broadway							
,				City (	Ocala FL				ip Code 3447	1	
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 Garry D. Adel											
Signature, Typisgraf printed name of its usered eyent and title .I applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.											
10.	OFFICERS AND DIRECTORS 11.			. [	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME	E Beleit		NAMI	· I					nanye	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ESS 7222 N VARSITY AVE CITRUS SPRINGS, FL 34434			STREET ADDRESS CITY-ST-ZIP							
TITLE	Delete 111				P				Change	XXAddition	
NAME STREET ADDRESS	NAI			ET ADORESS	Anthony Hemphill						
CITY-ST-ZIP	1			-SI-ZIP	P. (	0. Box - 8	30188, Oĉa	ıla, FL	3448	3	
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NAME			NAM	E					<u>-</u> -		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS •ST-ZIP							
12.   hereby	certify that the information supplied with	this filling does not qualify for	or the exe	emptions cor	ntained	in Chapter 11	9. Florida Statutes. I	further certify that	at the inf	ormation	
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.											

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE: