
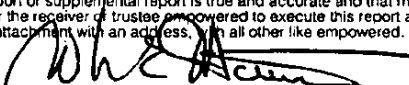


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90008 018 \*\*\*150.00

<b>DOCUMENT # P06000157158</b>					
1. Entity Name <b>SARASOTA SIGNATURE PROPERTIES, INC.</b>					
Principal Place of Business <b>1221 FIRST STREET SARASOTA, FL 34236</b>			Mailing Address <b>1221 FIRST STREET SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-8110663</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SIBERSTEIN, DAVID M</b> <b>720 SOUTH ORANGE AVENUE</b> <b>SARASOTA, FL 34236</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 title if applicable (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>OFFICER</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAM E MATTIES</b>	NAME			
STREET ADDRESS	<b>1221 FIRST STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	CITY-ST-ZIP			
TITLE	<b>MARY L. FORTE OFFICER</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>1221 FIRST STREET</b>	NAME			
STREET ADDRESS	<b>SARASOTA, FL 34236</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	CITY-ST-ZIP			
TITLE	<b>OFFICER</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAM C TAGLAND</b>	NAME			
STREET ADDRESS	<b>1221 FIRST STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	CITY-ST-ZIP			
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EILEEN THOMA</b>	NAME			
STREET ADDRESS	<b>1221 FIRST STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	CITY-ST-ZIP			
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		<div style="display: flex; justify-content: space-between;"> <span>Date <b>2/16/07</b></span> <span>Daytime Phone #</span> </div>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66005261



02152007 Chg-P CR2E034 (12/06)