

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000081269

Entity Name: PENN SIGNATURE, INC.

**FILED**  
**Nov 06, 2009**  
**Secretary of State****Current Principal Place of Business:**15 EAST MAIN STREET  
SAMSON, AL 36477**New Principal Place of Business:****Current Mailing Address:**15 EAST MAIN STREET  
SAMSON, AL 36477**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**PENN, JONATHAN S  
14788 HIGHWAY 20  
NICEVILLE, FL 32578 US**Name and Address of New Registered Agent:**MERCHANT, SANDRA  
14788 HIGHWAY 20  
NICEVILLE, FL 32578 US

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.

SIGNATURE: SANDRA MERCHANT

11/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: PENN, JONATHAN S  
Address: 15 EAST MAIN STREET  
City-St-Zip: SAMSON, AL 36477Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change ( ) Addition  
Name: BROWN, HILLMAN  
Address: 15 EAST MAIN STREET  
City-St-Zip: SAMSON, AL 36477Title: D ( ) Change (X) Addition  
Name: PENN, RONALD  
Address: 15 EAST MAIN STREET  
City-St-Zip: SAMSON, AL 36477

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD PENN

D

11/06/2009

Electronic Signature of Signing Officer or Director

Date