


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000004272 1. Entity Name SIGNATURE MANAGEMENT, INC.	
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FILED

04 JAN 23 AM 11:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 5551 RIDGEWOOD DR. SUITE 203 NAPLES, FL 34108	Mailing Address 5551 RIDGEWOOD DR. SUITE 203 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0460070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ATHAN, G H 5551 RIDGEWOOD DRIVE STE #501 NAPLES, FL 34108

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.

800028314618

02/06/04--01006--009 **1401.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SHARPE, KEITH A 5551 RIDGEWOOD DR STE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORACE, RICHARD F 5551 RIDGEWOOD DR., SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP GRIFFIN, GERALD F II 5551 RIDGEWOOD DR., SUITE 203 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ *[Signature]* _____ *8/14/04* _____ *239 566 2800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #