2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000004272

1. Entity Name
SIGNATURE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
800 LAUREL OAK DRIVE	800 LAUREL OAK DRIVE
300	300
NAPLES, FL 34108	NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0460070	Not Applicable

5. Certificate of Status Desired ☐ **$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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000811770
02/12/08-80018-025 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SHARPE, KEITH A
STREET ADDRESS	800 LAUREL OAK DRIVE, #300
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	VD
NAME	CORACE, RICHARD F
STREET ADDRESS	800 LAUREL OAK DRIVE, #300
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	DSVP
NAME	GRIFFIN, GERALD F II
STREET ADDRESS	800 LAUREL OAK DR., #300
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ President   2/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #