

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000004272

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** SIGNATURE MANAGEMENT, INC.

**Current Principal Place of Business:**

800 LAUREL OAK DRIVE  
300  
NAPLES, FL 34108

**New Principal Place of Business:**

11125 GULF SHORE DRIVE  
301  
NAPLES, FL 34108

**Current Mailing Address:**

800 LAUREL OAK DRIVE  
300  
NAPLES, FL 34108

**New Mailing Address:**

11125 GULF SHORE DRIVE  
301  
NAPLES, FL 34108

**FEI Number:** 65-0460070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ATHAN, G H  
5551 RIDGEWOOD DRIVE  
STE #501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: SHARPE, KEITH A  
Address: 11125 GULF SHORE DRIVE, 301  
City-St-Zip: NAPLES, FL 34108

Title: VD  
Name: CORACE, RICHARD F  
Address: 11125 GULF SHORE DRIVE, 301  
City-St-Zip: NAPLES, FL 34108

Title: DSVP  
Name: GRIFFIN, GERALD F II  
Address: 11125 GULF SHORE DRIVE, 301  
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: KEITH A. SHARPE

PDT

03/08/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date