2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2004 8:00 am **Secretary of State**

07-09-2004 90003 021 ***150.00

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1. Entity Name



SIGN IT NOW, INC. 17 1/5/54060830 Principal Place of Business Mailing Address 32 SANDPIPER RD 32 SANDPIPER RD. TAMPA, FL 33609 TAMPA, FL 33609 3. Maiting Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3262298 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, RAYMOND A Street Address (P.O. Box Number is Not Acceptable) 32 SANDPIPER RD. TAMPA, FL 33609 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE CLARK, RAYMOND A. 32 SANDPIPER RD. NAME CLARK DOUG R NAME 32 SANDAPER RD. STREET ADDRESS STREET ADDRESS TAMPA, FL 39609 CITY-ST-7iP TAMPA,FL.33609 CITY-ST-7IP ☐ Addition TITLE ☐ Delete Change TITLE CLARK, RAYMOND A NAME 32 SANDPIPER RD. STREET ADDRESS STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete CLARK, SHEILA M NAME NAME 32 SANDPIPER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [T] Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 LOS. RAYMOND A. CLARK, PRES.