

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90033 013 ***150.00

DOCUMENT # P95000043712

1. Entity Name
SIGNATURE DEVELOPMENT GROUP, INC.



Principal Place of Business
**C/O FRANCES SZYMANSKI
3020 SW 11TH PL.
CAPE CORAL, FL 33904**

Mailing Address
**C/O FRANCES SZYMANSKI
3020 SW 11TH PL.
CAPE CORAL, FL 33904**

94042615



2. Principal Place of Business
1311 Newport Ctr Dr West

3. Mailing Address
1311 Newport Ctr Dr. West

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

02052004 Chg-P CR2E034 (10/03)

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip
33442

Country
USA

Zip
33442

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SZYMANSKI, FRANCES K
3020 SE 11TH PLACE
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent
Name
Joseph Adamson
Street Address (P.O. Box Number is Not Acceptable)
1311 Newport Center Drive West
City
Deerfield Beach **FL** Zip Code
33442

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 DATE **3/4/04**

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

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMSON, JOSEPH P 5009 ENGLISH CREEK AVE. EGG HARBOR TOWNSHIP, NJ 08234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: DATE **3/4/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR