2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE:

et with an address

Jan 27, 2005 08:00 AM Secretary of State DOCUMENT # P95000092851 1. Entity Name SIGNATURE REALTY & MANAGEMENT, INC. Principal Place of Business Mailing Address 4003 HARTLEY RD JACKSONVILLE FL 32257 4003 HARTLEY RD JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3354129 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WESTLING, DALE G., SR. Street Address (P.O. Box Number is Not Acceptable) 331 EAST UNION ST. JACKSONVILLE FL 32202 Zip Code FL 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 ritte if applicable DATE (NOTE Registered Agent signature required when reinstature) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPV TITLE Change Addition TITLE ☐ Delete CANTRELL, BRYAN K NAME NAME 11562 GREENLAND HIGHWAY DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP DTS TITLE Change Change Addition TITLE Delete NAME CANTRELL, NOREEN MAME 100000197973 STREET ADDRESS STREET ADDRESS 11562 GREENLAND HIGHWAY DRIVE EAST 01/27/05-80035-007 150.00 CITY-ST-ZIP JACKSONVILLE FL 32258 CITY - ST - ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIF CITY-ST-ZIP ☐ Change Addition THE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP □ Delete Addition TOTALE NAME NAME CIRFFI ADDRESS STREET AUDRESS CITY - ST - ZIP 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

FILED.