## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE:

## FILED Jan 31, 2007 08:00 AM DOCUMENT # P95000092851 **Secretary of State** 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-3354129 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Dosired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTLING, DALE G., SR. 331 EAST UNION ST. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 City 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 Signature, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIRE Delete TITLE ☐ Change Addition CANTRELL, BRYAN K NAME NAME U00000612945 02/05/07-80005-024 150.00 11562 GREENLAND HIGHWAY DRIVE EAST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-S1-ZIP CITY-SI-7/P DTS TITLE THLE ☐ Change ■ Addition ☐ Defete CANTRELL, NOREEN NAME NAME: 11562 GREENLAND HIGHWAY DRIVE EAST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-7JP CITY-ST-ZIP HILE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP 1000 Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP HIJE ☐ Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 each, that I am an officer or director of the corporation or the reserver 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