

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-02-2004 90013 004 ***158.75

DOCUMENT # P97000001926

1. Entity Name

SIGNATURE MARKETING GROUP, INC.



Principal Place of Business

1503 S MCALL ROAD
UNIT 8
ENGLEWOOD FL 34223
US

Mailing Address

67 W MICHIGAN AVENUE
SUITE 4707
BATTLE CREEK MI 49017
US

2. Principal Place of Business

180 N Indiana Ave

3. Mailing Address

117 1/2 W Michigan Ave

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Marshall MI

Zip

34223

Country

USA

Zip

49068

Country

USA

6. Name and Address of Current Registered Agent

MARX, DONALD G
1503 S MCALL ROAD
UNIT 1
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Marx, Donald G

Street Address (P.O. Box Number is Not Acceptable)

180 N Indiana Avenue

Suite 1

City

Englewood

FL

Zip Code

34223

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 Don Marx Don MARX

2-27-04

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARX, DONALD G	
STREET ADDRESS	1503 S MCALL ROAD UNIT 8	
CITY - ST - ZIP	ENGLEWOOD FL 34223	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	PRESLER, AARON L	
STREET ADDRESS	P 26, RT #4	
CITY - ST - ZIP	LAKE LOTAWANA MO 64086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Marx Don MARX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Date

269 969 2550

Daytime Phone #