


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-09-2004 90009 043 \*\*\*558.75

<b>DOCUMENT # P97000062520</b> 1. Entity Name <b>SIGNATURE REALTY GROUP, INC.</b>					
Principal Place of Business <b>357 HIATT DRIVE</b> <b>A</b> <b>PALM BEACH GARDENS, FL 33418 US</b>			Mailing Address <b>357 HIATT DRIVE</b> <b>A</b> <b>PALM BEACH GARDENS, FL 33418 US</b>		
2. Principal Place of Business <b>8895 N. Military Trail</b> Suite, Apt. #, etc. <b>SUITE 101B</b>		3. Mailing Address <b>8895 N. Military Trail</b> Suite, Apt. #, etc. <b>SUITE 101B</b>			
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>			
Zip <b>33410</b>	Country <b>Palm Beach</b>	Zip <b>33410</b>	Country <b>Palm Beach</b>		
4. FEI Number <b>65-0770015</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>ECCLESTONE, E. LLWYD III</b> <b>357 HIATT DRIVE</b> <b>STE A</b> <b>PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent Name <b>Ecclestone, E. Llwyd III</b> Street Address (P.O. Box Number is Not Acceptable) <b>8895 N Military Trail, SUITE 101B</b> Suite 101B City <b>Palm Beach Gardens, FL</b> Zip Code <b>33410</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP ECCLESTONE, E. LLWYD III 357 HIATT DR STE A PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIRETTI, ROASANNE 357 HIATT DRIVE STE A PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, GARY 357 HIATT DRIVE STE A PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUGARS, CATHERINE 357 HIATT DRIVE SUITE A PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUGARS, CATHERINE 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rapaport, Jonathan 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUGARS, CATHERINE 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>C. Shugars</u> <span style="float: right;">7/6/04</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					