


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000105983</b> 1. Entity Name SIGPOINTE, INC.	
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Principal Place of Business 800 LAUREL OAK DR. SUITE 300 NAPLES, FL 34108	Mailing Address 800 LAUREL OAK DR. SUITE 300 NAPLES, FL 34108
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**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3483954	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ATHAN, G. HELEN 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108
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**DO NOT WRITE  
IN THIS SPACE**

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, GERALD F 800 LAUREL OAK DR, SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV CORACE, RICHARD F 800 LAUREL OAK DR, SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARPE, KEITH A 800 LAUREL OAK DR, SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GRIFFIN, GERALD F II 800 LAUREL OAK DR, SUITE 300 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/07-80035-002 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **2/6/07 239 566-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #