## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P98000044581

## **FILED** Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90026 015 \*\*\*150.00

Mailting Actives  969 SOUTH FEDERAL HIGHWAY  969 SOUTH FEDERAL HIGHWAY  269 SOUTH FEDERAL HIGHWAY  270 STURKT, FL 34994  2. Principal Prison of Business - No IPO, Box 9  2. Principal Prin	1. Entity Name SIGNATU	RE PROPERTY MANAGE									
Side. Apt 4, etc.    Suite. Apt 4, etc.   Suite.	969 SOUTH FEDERAL HIGHWAY #401		969 SOUTH FEDERAL HIGHWAY #401				t Danii Bibli diff	I <b>B</b> al <b>e</b> i 4 <b>919</b> 1 (col	T 81 18 1 <b>8 2</b> 1		
City & State    City & State   City & State   City & State   A. FET Number   S5-0840271   No. Applied For   No. Applied Por   No. Applied For   No. Applied	2. Principal Pi	ace of Business - No P.O. Box #	3. Mailing Address								
April   Country   Zig   Country   Zig   Country   St. Conflication of Status Desired   St. 75 Additional	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01092008	Chg-P	CR2E03	4 (12/06)		
S. Certificate of Status Desired   Fee Required	City & State		City & State				271		· · ·		
Name 969 S, FEDERAL HWY #401 STUART, FL 34994  City FL 2p Code	Zip	Country	Country Zip Cou								
HARRISON, DIANE 989 S FEDERAL HWY #401 STUART, FL 34994  6. The above named antity 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 obligators of registered agent.  8. The above named antity 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 obligators of registered agent.  8. The above named antity 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 obligators of registered agent, or both, in the State of Florida. I am familiar with and accept the obligators of registered agent.  8. The above named antity 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 obligators of registered agent, or both, in the State of Florida. I am familiar with and accept the obligators of registered agent.  9. Election Campalign Financing This Fund controlled.  9. Election Campalign	- 6. Name and Address of Current Registered Agent					7. Name and A	ddress of New R	egistered A	jent		
Sires Address (P.O. Box Number's Not Acceptable)    City   FL   Zip Code	HARRISON DIANE				Name						
City   FL   Zip Code	969 S. FEDERAL HWY			;	Street Address (	P.O. Box Number	is Not Acceptable	*)			
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, peed or private name of registered agent and taket applicable.  (NOTE Registered Agent agentate required when remaiting)  DATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIII.  HARRISON, DIANE  306 SE WEST SNOW ROAD SIREST ADDRESS OTH 51-72P  OPORT SAINT LUCIE, FL 34984  CHY-51-72P  OPORT SAINT LUCIE, FL 34984  CHY-51-72P  ORTH SAINT LUCIE, FL 34983  CHY-51-72P  ORTH SAINT LUCIE, FL 34983  CHY-51-72P  ORTH SAINT LUCIE, FL 34983  ORTH SAINT LUCIE, FL 34984  ORTH SAINT LUCIE, FL 34983  ORTH SAINT LUCIE, FL 34983  ORTH	STUART, FL 34994										
the obligations of registered agent.    Signature   File NOWI!!   FEE IS \$150.00   Pictor   Policy   P				'	City			F٤	Zip Code	,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing											
After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS	SIGNATURE										
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE   T	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
TITLE HARRISON, DIANE STREET ADDRESS CITY-ST-ZIP  TITLE VS COTT-ST-ZIP  TITLE VS COLTY-ST-ZIP  TITLE VS COLTY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET			T	-	~ ~ ~						
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12. Thereby 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	f .				1						
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	12. 1 hereby	on this report or supplemental report	is true and accurate and that	for the exem	nptions contained re shall have the	same legal effect	as if made under	oath; that I a	m an officer	or director	

MICHAEL D. HARISON
IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR