



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90115 017 \*\*\*150.00

DOCUMENT # P98000067114					
1. Entity Name SIGNATURE ENTITIES INC.					
Principal Place of Business 360 NE 59TH ST OCALA, FL 34479			Mailing Address 360 NE 59TH ST OCALA, FL 34479		
2. Principal Place of Business <i>12240 NE 14<sup>th</sup> AVE</i>		3. Mailing Address <i>12240 NE 14<sup>th</sup> AVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006    Chg-P    CR2E034 (11/05)	
City & State <i>Anthony, FL</i>		City & State <i>Anthony, FL</i>		4. FEI Number 59-3524615	
Zip <i>32617</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DELANO, ALEXANDER JR. 360 NE 59TH ST OCALA, FL 34479			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>12240 NE 14<sup>th</sup> AVE</i> City <i>Anthony</i> <i>FL</i> Zip Code <i>32617</i>		
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 \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P DELANO, ALEXANDER JR 360 NE 59TH ST OCALA, FL 34479 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>12240 NE 14<sup>th</sup> AVE</i> <i>Anthony, FL 32617</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELANO, MARTHA E 360 NE 59TH ST OCALA, FL 34479 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>12240 NE 14<sup>th</sup> AVE</i> <i>Anthony, FL 32617</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<div style="text-align: right;"> <i>1. 352-351-2156</i>  <i>2. 954-931-6084</i>  Date: <i>2/28/06</i>    Daytime Phone # </div>		