

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000107663

1. Entity Name

SIGNATURE BUILDERS, INC.



Principal Place of Business

1200 CROSSWINDS LANDING
FT. WALTON BEACH FL 32547

Mailing Address

1200 CROSSWINDS LANDING
FT. WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3548940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, ROBERT A
1200 CROSSWINDS LANDING
FT. WALTON BEACH FL 32547

Name

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

City

FL

Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	FISHER, ROBERT A	
STREET ADDRESS	1200 CROSSWINDS LANDING	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FISHER, MARY E	
STREET ADDRESS	1200 CROSSWINDS LANDING	
CITY - ST - ZIP	FT. WALTON BEACH FL 32547	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FISHER, ROBERT	
STREET ADDRESS	1974 CROSSCAKE COVE #F	
CITY - ST - ZIP	FORT WALTON BEACH FL 32547	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUCHANAN, DAVID	
STREET ADDRESS	999 SHALIMAR POINTE DR	
CITY - ST - ZIP	SHALIMAR FL 32579	
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		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert A. Fisher ROBERT A. FISHER 1/27/04 850-862-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
FEB 06 2004 08:00 AM
Secretary of State
JAN 26 2004
BY:



MOORE

CR2E034 (11/03)