

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107663

Entity Name: SIGNATURE BUILDERS, INC.

FILED  
Jan 17, 2009  
Secretary of State

## Current Principal Place of Business:

1200 CROSSWINDS LANDING  
FT. WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

1200 CROSSWINDS LANDING  
FT. WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 59-3548940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FISHER, ROBERT A  
Address: 1200 CROSSWINDS LANDING  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: STD ( ) Delete  
Name: FISHER, MARY E  
Address: 1200 CROSSWINDS LANDING  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VPD ( ) Delete  
Name: FISHER, ROBERT  
Address: 1974 CROSSCAKE COVE #F  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD ( ) Delete  
Name: BUCHANAN, DAVID  
Address: 999 SHALIMAR POINTE DR  
City-St-Zip: SHALIMAR, FL 32579

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: FISHER, ROBERT  
Address: 716 BRADFORD DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. FISHER

PD

01/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date