

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 047 ***155.00

DOCUMENT # **S97862**

1. Entity Name

SIGNATURE OFFICE PRODUCTS, INC.



Principal Place of Business

**668-12 CAPTIAL CIR NE
TALLAHASSEE FL 32301
US**

Mailing Address

**668-12 CAPTIAL CIR NE
TALLAHASSEE FL 32301
US**



2. Principal Place of Business No P.O. Box #

668-12 Pedler's Alley
Suite, Apt. #, etc.

3. Mailing Address

668-12 Pedler's Alley
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Tallahassee Fla.
Zip

32301

Country

U.S.A

City & State

Tallahassee Fla.
Zip

32301

Country

USA

4. FEI Number

59-3097433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANCH, WILLIAM H.
1407 PIEDMONT DR E
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

NO CHANGE IN AGENT

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.

NO CHANGE IN 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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

150.00

5.00 CONTRIBUTION

155.00

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
FORBESS, EVELYN C.
3002 BARCLAY CT
TALLAHASSEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
FORBESS, JAMES G
10058 COLLINS HOLE ROAD
TALLAHASSEE FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
FORBESS, WILLIAM P
1761 RIVERBIRCH HOLLOW
TALLAHASSEE FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
NO CHANGES ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
NO CHANGES ☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
NO CHANGES ☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Evelyn C. Forbess** **Evelyn C. Forbess**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #