


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000064781
 1. Entity Name
 SINGLETON MANAGEMENT, INC.



Principal Place of Business Mailing Address
 1800 EAST ALTANIC BLVD 1800 EAST ALTANIC BLVD
 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE



06082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1123881 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PILOTTE, FRANK T
 C/O MURPHY REID PILOTTE ORD & AUSTIN
 340 ROYAL PALM WAY, STE 100
 PALM BEACH, FL 33480

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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 _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	D SINGLETON, CHARLES G 1800 EAST ALTANIC BLVD POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGLETON, SADIE 1800 EAST ALTANIC BLVD POMPANO BEACH, FL 33060
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 06/28/04-80002-013 550.00

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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: [Signature] 6/28/04 954-781-5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #