

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90020 034 \*\*\*150.00

**DOCUMENT # P01000064781**

1. Entity Name  
 SINGLETON MANAGEMENT, INC.



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

Mailing Address  
 1800 EAST ALTANIC BLVD  
 POMPANO BEACH, FL 33060

**50005091**



03132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1123881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~PILOTTE, FRANK T.  
 MURPHY, REID PILOTTE & ORD, PA  
 340 ROYAL PALM WAY, STE 100  
 PALM BEACH, FL 33480~~

*HASKIE, DARREN L  
 2600 NE 14TH ST  
 POMPANO BEACH, FL  
 33062*

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement of its choice 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Charles G Singleton* 3/14/06 954-781-3616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #