

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 155187

FILED  
Jun 03, 2009  
Secretary of State

Entity Name: SINGLETON-HUTCHINSON-WINGO, INC.

## Current Principal Place of Business:

529 N FERNCREEK AVE  
ORLANDO, FL 32803 US

## New Principal Place of Business:

## Current Mailing Address:

529 N FERNCREEK AVE  
ORLANDO, FL 32803 US

## New Mailing Address:

FEI Number: 59-0588570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMONELLI, MICHAEL  
529 N. FERNCREEK AVE.  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

SIMONELLI, MICHAEL A  
529 N. FERNCREEK AVE.  
ORLANDO, FL 32803 US

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: MICHAEL A. SIMONELLI

06/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTDS ( ) Delete  
Name: ZUBER, MICHAEL  
Address: 6060 ROCKSIDE WOODS BLVD  
City-St-Zip: INDEPENDENCE, OH

Title: D ( ) Delete  
Name: BROWN, DON P  
Address: 10 CENTER STREET  
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDS (X) Change ( ) Addition  
Name: ZUBER, DAVID M  
Address: 6060 ROCKSIDE WOODS BLVD  
City-St-Zip: INDEPENDENCE, OH 44131 US

Title: SEC (X) Change ( ) Addition  
Name: ZORE, DOLORES D  
Address: 6060 ROCKSIDE WOODS BLVD  
City-St-Zip: INDEPENDENCE, OH 44131 US

Title: VP ( ) Change (X) Addition  
Name: SIMONELLI, MICHAEL A  
Address: 529 N. FERNCREEK AVENUE  
City-St-Zip: ORLANDO, FL 33803 US

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: MICHAEL A. SIMONELLI

VP

06/03/2009

Electronic Signature of Signing Officer or Director

Date