

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90004 007 ***150.00

DOCUMENT # 424151

1. Entity Name

IVOR A. SINGER & ASSOCIATES INC



Principal Place of Business

6966 VENTURE CIR
ORLANDO FL 32807

Mailing Address

6966 VENTURE CIR
ORLANDO FL 32807

94008145



MOORE CR2E034 (11/03)

2. Principal Place of Business

6802 Stapoint Ct.
Suite, Apt. #, etc.

3. Mailing Address

6802 Stapoint Ct.
Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, IVOR A JR
6966 VENTURE CIRCLE
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name SINGER, IVOR A JR
Street Address (P.O. Box Number is Not Acceptable)
6802 Stapoint Ct.
City Winter Park FL Zip Code 32792

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

Ivor Singer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SINGER, IVOR A JR	
STREET ADDRESS	1616 TIOGA TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SINGER, MARY SCOTT	
STREET ADDRESS	1616 TIOGA TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, BETH R.	
STREET ADDRESS	2240 GLENWOOD DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary Scott Singer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mary Scott Singer (407)
Vice Pres 1-26-04 6787489

Date

Daytime Phone #