


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 025 ***150.00

DOCUMENT # 424151	
1. Entity Name IVOR A. SINGER & ASSOCIATES INC	

Principal Place of Business 6802 STAPOINT CT. WINTER PARK, FL 32792	Mailing Address 6802 STAPOINT CT. WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE

40001975



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1465981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SINGER, IVOR A JR 6802 STAPOINT CT. WINTER PARK, FL 32792
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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 _____	DATE _____
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, IVOR A JR 1616 TIOGA TRAIL WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SINGER, MARY SCOTT 1616 TIOGA TRAIL WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SINGER, MARY-ALLEN 618 GLENARDEN ROAD WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Mary Scott Singer</i>	1-9-06 (407) 678-7489
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>