

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90055 013 ***150.00

DOCUMENT # F97000000059

1. Entity Name

R. L. SINGLETARY, INC.



Principal Place of Business

19979 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413

Mailing Address

19935 FRONT BEACH RD
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

653 W. 23rd St.

Suite, Apt. #, etc.

Suite 288

City & State

Panama City, FL

Zip

32405

Country

USA

3. Mailing Address

653 W. 23rd St.

Suite, Apt. #, etc.

Suite 288

City & State

Panama City, FL

Zip

32405

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

35-1750792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGLETARY, RICHARD L
19979 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name Richard L. Singletary

Street Address (P.O. Box Number is Not Acceptable)

653 W. 23rd St., Suite 288

City Panama City

FL

Zip Code

32405

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

Richard L. Singletary, DCPS

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

(NOTE: Registered Agent signature required when reinstating)

3/17/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	DCPS	<input type="checkbox"/> Delete
NAME	SINGLETARY, RICHARD L	
STREET ADDRESS	19979 FRONT BEACH RD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	

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		

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	DCPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard L. Singletary	
STREET ADDRESS	653 W. 23rd St., Suite 288	
CITY-ST-ZIP	Panama City, FL 32405	

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
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
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 life empowered.

SIGNATURE:

Richard L. Singletary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

Date

850-774-3859

Daytime Phone #