

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34984

Entity Name: SINGRING INC.

FILED  
Feb 05, 2012  
Secretary of State

**Current Principal Place of Business:**

4612 CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

771 HAWKS RIDGE RD.  
PORT ORANGE, FL 321275837 US

**New Mailing Address:**

FEI Number: 59-2478639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LARSON, ERIC  
771 HAWKS RIDGE ROAD  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LARSON, ERIC  
Address: 771 HAWKS RIDGE ROAD  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: VST  
Name: LARSON, BARBARA A  
Address: 771 HAWKS RIDGE ROAD  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D  
Name: LARSON, BARBARA A  
Address: 771 HAWKS RIDGE ROAD  
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. LARSON,V.PRES

V

02/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date