## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K57081

e: ALVIN J. SINGLETON INC

FILED Jul 01, 2004 Secretary of State

Entity Name: ALVIN J. SINGLETON, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX 4	JCLID AVE 49797 A, FL 34234	US	P.O. BOX	EUCLID AVE ( 49797 TA, FL 34230	US	
Current Mailing Address:				New Mailing Address:		
P.O. BOX 4 SARASOT	49797 A, FL 34234	US	P.O. BO) SARASC	( 49797 TA, FL 34230	US	
FEI Number:	65-0090766	FEI Number Applied For()	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SINGLETON, ALVIN J 2504 N EUCLID AVE SARASOTA, FL 34234				ON, ALVIN J UCLID AVE TA, FL 34234	US	
	named entity of Florida.	submits this statement for the	e purpose of changing	j its registered o	ffice or registered agent, or both,	
SIGNATURE: ALVIN J. SINGLETON				07/01/2004		
	Electron	nic Signature of Registered A	gent		Date	
		93(2)(b), F.S., the corporation did	not receive the prior not	ice.		
	-	ng Trust Fund Contribution ( ).	ADDITIC	MEICHANGES	TO OFFICERS AND DIRECTORS.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT ( SINGLETON, A 4619 SAND PII SARASOTA, FI	NE LN	Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS ( SINGLETON, L 4619 SANDPIN SARASOTA, FI	NE LN	Title: Name: Address: City-St-Zip:		Change()Addition	
Title: Name: Address: City-St-Zip:	D ( SINGLETON, A 1533 NANTUCI VENICE, FL 3	KET RD	Title: Name: Address: City-St-Zip:		Change()Addition	
Title: Name: Address: City-St-Zip:	D ( KATCHNER, TA 3278 PINE VAL SARASOTA, FL	LLEY DR	Title: Name: Address: City-St-Zip:	KATCHNER, AL 3278 PINE VAL	LEY DR	
Title: Name: Address: City-St-Zip:	D ( SINGLETON, C 2738 SUNCRE SARASOTA, FL	ST DRIVE	Title: Name: Address: City-St-Zip:	. ,	Change ()Addition	
Title:	D (	) Delete	Title:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALVIN J. SINGLETON PT 07/01/2004

GUTHRIE, SEAN

VENICE, FL 34293

1533 NANTUCKET ROAD

Name:

Address:

City-St-Zip: