

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57081

FILED
Jul 05, 2007
Secretary of State

Entity Name: ALVIN J. SINGLETON, INC.

Current Principal Place of Business:

2504 N. EUCLID AVE
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49797
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 65-0090766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETON, ALVIN J
2504 N EUCLID AVE
SARASOTA, FL 34234 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SINGLETON, ALVIN J.,
Address: 4619 SAND PINE LN
City-St-Zip: SARASOTA, FL 34241

Title: VP () Delete
Name: SINGLETON, LINDA M.,
Address: 4619 SANDPINE LN
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: SINGLETON, AMY M
Address: 1533 NANTUCKET RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: KITCHNER, ALBERT (TAD) H
Address: 3278 PINE VALLEY DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: SINGLETON, CHRISTINA M
Address: 2738 SUNCREST DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: GUTHRIE, SEAN
Address: 1533 NANTUCKET ROAD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ALVIN SINGLETON

PT

07/05/2007

Electronic Signature of Signing Officer or Director

Date