



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

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| DOCUMENT # K80975 1. Entity Name RAY AND ANN SINGLETON'S SEAFOOD RESTAURANT, INC. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4728 OCEAN ST. MAYPORT, FL 32233 | Mailing Address 4728 OCEAN ST. MAYPORT, FL 32233 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | |  01052006 No Chg-P CR2E034 (11/05) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4. FEI Number 59-2946589 <div style="float: right; border: 1px solid black; padding: 2px;">Applied For Not Applicable</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SINGLETON, HARRIETT ANN 4728 OCEAN STREET MAYPORT, FL 32233 | | DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PT</td></tr><tr><td>NAME</td><td>SINGLETON, HARRIET ANN</td></tr><tr><td>STREET ADDRESS</td><td>4728 OCEAN ST.</td></tr><tr><td>CITY - ST - ZIP</td><td>MAYPORT, FL</td></tr><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>SINGLETON, DEAN V</td></tr><tr><td>STREET ADDRESS</td><td>4728 OCEAN ST.</td></tr><tr><td>CITY - ST - ZIP</td><td>MAYPORT, FL</td></tr><tr><td>TITLE</td><td>S</td></tr><tr><td>NAME</td><td>SINGLETON, TABITHA</td></tr><tr><td>STREET ADDRESS</td><td>4728 OCEAN ST.</td></tr><tr><td>CITY - ST - ZIP</td><td>MAYPORT, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table> | | TITLE | PT | NAME | SINGLETON, HARRIET ANN | STREET ADDRESS | 4728 OCEAN ST. | CITY - ST - ZIP | MAYPORT, FL | TITLE | V | NAME | SINGLETON, DEAN V | STREET ADDRESS | 4728 OCEAN ST. | CITY - ST - ZIP | MAYPORT, FL | TITLE | S | NAME | SINGLETON, TABITHA | STREET ADDRESS | 4728 OCEAN ST. | CITY - ST - ZIP | MAYPORT, FL | TITLE | | NAME | | STREET ADDRESS | | CITY - ST - ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY - ST - ZIP | | <div style="text-align: right; padding-right: 10px;">000000379403 01/10/06-80021-004 150.00</div> DO NOT WRITE IN THIS SPACE |
| TITLE | PT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | SINGLETON, HARRIET ANN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 4728 OCEAN ST. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | MAYPORT, FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | SINGLETON, DEAN V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 4728 OCEAN ST. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | MAYPORT, FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | SINGLETON, TABITHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 4728 OCEAN ST. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | MAYPORT, FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u>Dean Singleton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 1-6-06 <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |