

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2946589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/15/07-80021-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Harriet Ann Singleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2007
Date

Daytime Phone #