

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N02000002156

1. Entity Name  
SINGLES TOGETHER, INC.



Principal Place of Business

5129 CASTELLO DRIVE  
SUITE #1  
NAPLES, FL 34103

Mailing Address

P O BOX 11953  
NAPLES, FL 34101-1953

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**



01162005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
01-0633504

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

IGNAGNI, EVERETT  
7719 JEWEL LANE #204  
NAPLES, FL 34109

**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

*Everett J. Ignagni*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/3/05*  
DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IGNAGNI, EVERETT 7719 JEWELL LANE, #204 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICCO, SANDY 37 MAUI CIRCLE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GROVE, MARLENE 24797 LAKEMONT COVE LANE #202 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAUGHLIN, JOAN 1400 POMPEI LANE APT 28 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000222649  
02/10/05-80010-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:

*Marlene Grove*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/05*  
Date

*239-495-2360*  
Daytime Phone #