

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006628

FILED
May 19, 2004
Secretary of State**Entity Name:** SINGLES ROCK, INC.**Current Principal Place of Business:**1393 SHOOTING STAR LANE
JACKSONVILLE, FL 32259 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 600079
JACKSONVILLE, FL 322600079 US**New Mailing Address:****FEI Number:** 32-0028811**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORRISON, TOM
1393 SHOOTING STAR LANE
JACKSONVILLE, FL 32259 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MORRISON, TOM
Address: 1393 SHOOTING STAR LANE
City-St-Zip: JACKSONVILLE, FL 32259**Title:** VP () Delete
Name: SELLERS, RON
Address: 5703 RED BUG LAKE RD. #407
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** ST () Delete
Name: OWEN, TIM
Address: 324 W. KARI CT.
City-St-Zip: JACKSONVILLE, FL 32259**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** BD () Change (X) Addition
Name: MARKS, RICHARD
Address: 886 PALERMO RD.
City-St-Zip: JACKSONVILLE, FL 32216

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MORRISON

PRES

05/19/2004

Electronic Signature of Signing Officer or Director

Date