

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001290

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: OUT 'N ABOUT SINGLES, INC.

**Current Principal Place of Business:**

7077 TOUCAN TR  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1013  
BROOKSVILLE, FL 34605

**New Mailing Address:**

FEI Number: 51-0496421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORROW, DONNA  
7077 TOUCAN TR  
SPRING HILL, FL 34606 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: PD ( ) Delete  
Name: WERNER, PATTI  
Address: C/O POST OFFICE BOX 1013  
City-St-Zip: BROOKSVILLE, FL 34605

Title: VD ( ) Delete  
Name: MOORE, BETTY  
Address: C/O POST OFFICE BOX 1013  
City-St-Zip: BROOKSVILLE, FL 34605

Title: TD ( ) Delete  
Name: STAKLINSKI, LINDA  
Address: C/O POST OFFICE BOX 1013  
City-St-Zip: BROOKSVILLE, FL 34605

Title: SD ( ) Delete  
Name: GORDY, JENNEAN  
Address: C/O POST OFFICE BOX 1013  
City-St-Zip: BROOKSVILLE, FL 34605

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA WORD STAKLINSKI

TD

02/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date