


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90143 028 ****61.25

DOCUMENT # N37939 1. Entity Name TOUCH OF CLASS SINGLES, INC.					
Principal Place of Business P.O. BOX 2854 WINTER HAVEN, FL 33883			Mailing Address P.O. BOX 2854 WINTER HAVEN, FL 33883		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		07132005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2363582			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLE, SONDR 166 ZERMATT DRIVE WINTER HAVEN, FL 33881			Name ALYCE DAVIS Street Address (P.O. Box Number is Not Acceptable) 104 BRIDGET LANE AUBURDALE FL City FL Zip Code 33823		
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 ALYCE DAVIS <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANK, JERRY 5036 AVON LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ETZEL, DONNA 1078 SUNSHINE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 <input type="checkbox"/> Change <input type="checkbox"/> Addition PHYLLIS WARNER 6552 CHINABERRY DR. NE WINTER HAVEN FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, CAROL 107 MATTIE CT AUBURDALE, FL 33823	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, ALYCE 104 BRIDGET LANE AUBURDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, OUIDA 125 AVENUE C SE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FILO, DORIS 2401 AVE A TERR NW WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ALYCE DAVIS - <i>Alyce Davis</i>			Date: 8/25/05		Daytime Phone #: 863-967-5088