


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90028 044 \*\*\*\*61.25

DOCUMENT # N94000002144			
1. Entity Name SUPER SINGLES OF FLORIDA, INC.			
Principal Place of Business 190 S NOVA RD ORMOND BEACH FL 32174		Mailing Address P.O. BOX 2504 ORMOND BEACH FL 32175	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3250348		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FROMMEYER, PATRICIA 2209 CRANE LAKES BLVD PORT ORANGE FL 32128		7. Name and Address of New Registered Agent Name: LARGENT Gladys Street Address (P.O. Box Number is Not Acceptable): 4193 Woodland Circle City: Deland FL Zip Code: 32724	
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: <i>Gladys Largent</i>		DATE: 1/28/04	
Signature, typed or printed name of registered agent and title (Applicable)		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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: P NAME: FROMMEYER, PATRICIA STREET ADDRESS: 2209 CRANE LAKES BLVD CITY-ST-ZIP: PORT ORANGE FL 32128	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Delasquale Anthony STREET ADDRESS: 564 - 105T CITY-ST-ZIP: Holly Hill FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: ADKINS, ANNA STREET ADDRESS: PO BOX 2730 CITY-ST-ZIP: BUNNELL FL 32110	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: PIQUET ALICIA STREET ADDRESS: 401 N Ridge Wood Ave CITY-ST-ZIP: DAYTONA Bch. FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TVP NAME: LARGENT, GLADYS STREET ADDRESS: 4193 WOODLAND CR CITY-ST-ZIP: DELAND FL 32724	<input type="checkbox"/> Delete	TITLE: TVP NAME: WIRTZ MARY STREET ADDRESS: 21 BEAR TOOTH PATH CITY-ST-ZIP: ORMOND Bch. FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MCCULLOUGH, JANE STREET ADDRESS: 2265 LA ROSA LN CITY-ST-ZIP: PORT ORANGE FL 32128	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: VANSICIEN MARY STREET ADDRESS: 1228 HARBOUR PT. DR. CITY-ST-ZIP: PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: TORRES, GEORGE STREET ADDRESS: 1717 MONTGOMERY AVE. CITY-ST-ZIP: HOLLY HILL FL 32117	<input type="checkbox"/> Delete	TITLE: T NAME: MUSGROVE Helen STREET ADDRESS: 2032 JASON ST. CITY-ST-ZIP: ORMOND Bch. FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: DUPONT, DOUGLAS STREET ADDRESS: 914 TALL PINE DR CITY-ST-ZIP: PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: *Gladys Largent* DATE: 1/28/04 DAYTIME PHONE #: (386) 673 3699