

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000064598

1. Entity Name
TINA B. SINGLETARY CPA, INC.



Principal Place of Business

226 BLOXHAM STREET
MAYO, FL 32066

Mailing Address

PO BOX 58
MAYO, FL 32066

FILED
Sep 04, 2008 08:00 AM
Secretary of State



05272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3730554

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TINA B. SINGLETARY
226 NW BLOXHAM STREET
MAYO, FL 32066

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000959027
09/04/08-80662-017 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD SINGLETARY, TINA B 226 NW BLOXHAM STREET MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SINGLETARY, JOHN D 226 NW BLOXHAM STREET MAYO, FL 32066
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tina B. Singletary 8/28/08