

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90006 027 ***150.00

DOCUMENT # P01000120724					
1. Entity Name SINGER ISLAND DEVELOPMENT GROUP, INC.					
Principal Place of Business 245 LINDA LANE 1280 Bimini LA PALM BEACH SHORES, FL 33404 RIVIERA Beach Fl 33404			Mailing Address 245 LINDA LANE 1280 Bimini LANE PALM BEACH SHORES, FL 33404 RIVIERA Beach FL 33404		
2. Principal Place of Business 1280 Bimini LANE Suite, Apt. #, etc.		3. Mailing Address 1280 Bimini LANE Suite, Apt. #, etc.			
City & State Riviera Beach, FL		City & State Riviera Beach FL		4. FEI Number 90-0000908	
Zip 33404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DONALD C 245 LINDA LANE PALM BEACH SHORES, FL 33404			7. Name and Address of New Registered Agent Name: Sherry Temple Street Address (P.O. Box Number is Not Acceptable): 1280 Bimini LANE City: Riviera Beach FL 33404		
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>Sherry Temple</i> DATE: 6/3/05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME TEMPLE, SHERRY STREET ADDRESS 1280 BIMINI LN CITY-ST-ZIP RIVERIA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DUPEE, STEVE STREET ADDRESS 1280 BIMINI LN CITY-ST-ZIP RIVERIA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JONES, DONALD C Resigned STREET ADDRESS 245 LINDA LANE CITY-ST-ZIP PALM BEACH SHORES, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LABETTI, ALEX STREET ADDRESS 1140 FAIRVIEW LANE CITY-ST-ZIP SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PARSONS, ROBERT STREET ADDRESS 1250 BIMINI LANE CITY-ST-ZIP SINGER ISLAND, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SAUL, NEAL G STREET ADDRESS 1290 BIMINI LANE CITY-ST-ZIP SINGER ISLAND, FL 33404	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	