


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90008 020 ***158.75

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| DOCUMENT # P02000003869 |  |
| 1. Entity Name CEDRIC SINGLETARY AND ASSOCIATES, INC. | |

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|---|---|
| Principal Place of Business 3516 DAWSON STREET JACKSONVILLE, FL 32209 | Mailing Address 3516 DAWSON STREET JACKSONVILLE, FL 32209 |
|---|---|

DO NOT WRITE IN THIS SPACE



03122003 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3747214 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SINGLETARY, CEDRIC 3516 DAWSON STREET JACKSONVILLE, FL 32209 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

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 | P SINGLETARY, CEDRIC 3516 DAWSON STREET JACKSONVILLE, FL 32209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LEWIS, CAROLYN 3516 DAWSON STREET JACKSONVILLE, FL 32209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CUFFINE, MARIE 3516 DAWSON STREET JACKSONVILLE, FL 32209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SINGLETARY, SABRINA 3516 DAWSON STREET JACKSONVILLE, FL 32209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Cedric L. Singletary Cedric L. Singletary 5-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #