


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90059 005 ***158.75

DOCUMENT # P02000003869 1. Entity Name CEDRIC SINGLETARY AND ASSOCIATES, INC.					
Principal Place of Business 3516 DAWSON STREET JACKSONVILLE, FL 32209			Mailing Address 3516 DAWSON STREET JACKSONVILLE, FL 32209		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3747244 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SINGLETARY, CEDRIC 3516 DAWSON STREET JACKSONVILLE, FL 32209				7. Name and Address of New Registered Agent Name Singletary, Cedric Street Address (P.O. Box Number is Not Acceptable) 3516 Dawson Street City Jacksonville FL Zip Code 32209	
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 <u>Cedric Singletary</u> <u>President</u> <u>5/18-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SINGLETARY, CEDRIC STREET ADDRESS 3516 DAWSON STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		TITLE P NAME Singletary, Cedric STREET ADDRESS 8763 Humperside Lane CITY-ST-ZIP Jacksonville, FL 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LEWIS, CAROLYN STREET ADDRESS 3516 DAWSON STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE S NAME Singletary, Sabrina STREET ADDRESS 8763 Humperside Lane CITY-ST-ZIP Jacksonville, FL 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CUFFIE, MARIE STREET ADDRESS 3516 DAWSON STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE S NAME Singletary, Cedric STREET ADDRESS 8763 Humperside Lane CITY-ST-ZIP Jacksonville, FL 32219	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SINGLETARY, SABRINA STREET ADDRESS 3516 DAWSON STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		TITLE S NAME Singletary, Sabrina STREET ADDRESS 8763 Humperside Lane CITY-ST-ZIP Jacksonville, FL 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 	<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: <u>Cedric Singletary</u> <u>Cedric Singletary</u> <u>5-18-05</u> <u>904-742-3786</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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