

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90411 037 \*\*\*150.00

**DOCUMENT # P03000014106**

1. Entity Name

EVENT SINGLES, INC.



Principal Place of Business

2220 E IRLO BRONSON MEMORIAL HWY STE  
KISSIMMEE FL 34744

Mailing Address

2220 E IRLO BRONSON MEMORIAL HWY STE  
KISSIMMEE FL 34744

94044104



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4435 13<sup>th</sup> Street

3. Mailing Address

4435 13<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

57-1149580

Applied For

Not Applicable

Zip

34769

Country

United States

Zip

34769

Country

United States

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

STUBER, JULIE A  
4435 13TH STREET  
ST. CLOUD FL 34769

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME STUBER, JULIE A  
STREET ADDRESS 2220 E IRLO BRONSON MEMORIAL HWY STE 9  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☒ Change ☐ Addition  
NAME Julie A Stuber  
STREET ADDRESS 4435 13th Street  
CITY-ST-ZIP St. Cloud, FL 34769

TITLE D ☒ Delete  
NAME ROSS, CHERYL  
STREET ADDRESS 1904 GRIFF WOOD COURT  
CITY-ST-ZIP ST CLOUD FL 34772

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

Julie Ann Stuber

4/2/04

407 957 9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #