

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000014106

1. Entity Name
EVENT SINGLES, INC.



FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business
ATTN: DR. JULIE STUBER
43 BLAKE BLVD.
CELEBRATION, FL 34747

Mailing Address
ATTN: DR. JULIE STUBER
43 BLAKE BLVD.
CELEBRATION, FL 34747



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1149580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUBER, JULIE A
43 BLAKE BLVD.
CELEBRATION, FL 34747

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONNIG, KYLE 43 BLAKE BLVD. CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHAMBEAULT, TRACEY 43 BLAKE BLVD. CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000739717
05/14/07-80038-015 150.00

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

Kyle Honnig
Kyle Honnig

4/23/07

Date

321-388-4130

Daytime Phone #