

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 018 ***150.00

DOCUMENT # P03000079660

1. Entity Name
JOHN H. SINGLETARY ENTERPRISES, INC.



Principal Place of Business
**7291 RICH ROAD
NORTH FORT MYERS, FL 33917-4515**

Mailing Address
**7291 RICH ROAD
NORTH FORT MYERS, FL 33917-4515**

50010209



2. Principal Place of Business

3. Mailing Address

5210 STATE ROAD 31

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PUNTA GORDA

04022006

Chg-P

CR2E034 (11/05)

City & State

City & State

FLORIDA

4. FEI Number

20-0161645

Applied For

Not Applicable

Zip

Country

Zip

33982-8733

Country

CHARLOTTE

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

**SINGLETARY, JOHN H
7291 RICH ROAD
NORTH FORT MYERS, FL 33917-4515**

Name

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

5210 STATE ROAD 31

PUNTA GORDA

City

FL

Zip Code

33982-8733

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, 2006 Fee will be \$550.00**

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 **SINGLETARY, JOHN H**
STREET ADDRESS **7291 RICH ROAD**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE ☒ Change ☐ Addition
NAME **5210 STATE ROAD 31**
STREET ADDRESS **PUNTA GORDA, FL 33982-8733**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

John H. Singletary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. SINGLETARY

PRESIDENT

239-543-7981

Date

Daytime Phone #