2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079660

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



FILED
Mar 16, 2007 08:00 A
Secretary of State

Principal Place of Business

7291 RICH ROAD

NORTH FORT MYERS, FL 33917-4515

Mailing Address

5210 STATE RD 31

PUNTA GORDA, FL 33982-8733



DO NOT WRITE IN THIS SPACE

 03102007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-0161645
 Applied For Not Applicable

 5. Codificate of State Project
 \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SINGLETARY, JOHN H 5210 STATE RD 1 PUNTA GORDA, FL 33982-8733

DO NOT WRITE IN THIS SPACE

	ions of registered agent		d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acco	əpt
	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registered	Agent signature	required when reinstating}	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees			U00000669193 03/27/07-80063-003 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETARY, JOHN H 5210 STATE RD 31 PUNTA GORDA, FL 339828733					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANERS SIGNING OFFICER OR DIRECTOR

/3/13/07

239.707.1085

Daytime Phone #