

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086018

FILED
Apr 21, 2007
Secretary of State

Entity Name: SINGLETARY INSURANCE AGENCY INC

Current Principal Place of Business:

4579 BEE RIDGE RD
SARASOTA, FL 34223

New Principal Place of Business:

Current Mailing Address:

4579 BEE RIDGE RD
SARASOTA, FL 34223

New Mailing Address:

FEI Number: 52-2008748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETARY, DAVID A
4813 LORRI CIR
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

SINGLETARY, JASON A
8855 WHITE SAGE LOOP
BRADENTON, FL 34202 US

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.

SIGNATURE: JASON A SINGLETARY

04/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SINGLETARY, DAVID W
Address: 7807 MATHERN CT
City-St-Zip: BRADENTON, FL 34202

Title: VP () Delete
Name: SINGLETARY, CARMEN A
Address: 7807 MATHERN CT
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W SINGLETARY

PRES

04/21/2007

Electronic Signature of Signing Officer or Director

Date