

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90086 034 ***150.00

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1. Entity Name
SINGLETARY TRUCKING & HAULING COMPANY, INC.



Principal Place of Business

1461 NW CR 250
MAYO, FL 32066

Mailing Address

1461 NW CR 250
MAYO, FL 32066



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3204851

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, STEVE
325 S. OHIO AVE.
LIVE OAK, FL 32060

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	SINGLETARY, JAMMIE LAVON
STREET ADDRESS	1461 NW CR 250
CITY-ST-ZIP	MAYO, FL 32066
TITLE	Vice President
NAME	Singletary, Jason Lavon
STREET ADDRESS	2428 NW CR 536
CITY-ST-ZIP	Mayo, FL 32066
TITLE	Secretary-Treasurer
NAME	Singletary, Elizabeth A.
STREET ADDRESS	1461 NW CR 250
CITY-ST-ZIP	Mayo, FL 32066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Jammie Lavon Singletary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 01-03-06 386-294-1168
Date Daytime Phone #