2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000048490

1. Entity Name
SINGULAR PROPERTIES, INC.

Principal Place of Business	Mailing Address
1116 N. OCEAN BLVD.	440 BAYFRONT PARKWAY
POMPANO BEACH, FL 33062	PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

01172006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3520327		Not Applicable
5. Certificate of Status Desired	☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODARD, MARJ J
801 LAUREL OAK DR STE 710
NAPLES, FL 34108

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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	P
NAME	RETHATI, GEORGE
STREET ADDRESS	13601 PERDIDO KEY DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	T
NAME	BELLANTONI, CAROL
STREET ADDRESS	4649 S.E. WATERFORD DR.
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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113/04/06 00049-007 150.00

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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: _____ George D Rethati _____ 850-439-1139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
President