2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

1. Entity Name SINGULAR PROPERTIES, INC.



Principal Place of Business

Mailing Address

1116 N. OCEAN BLVD. POMPANO BEACH, FL 33062 440 BAYFRONT PARKWAY PENSACOLA, FL 32502



04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3520327

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE 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 a the obligations of registered agent.	ım familiar with, and accept
SIGNATURE	ε
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 05/20/08-80	6638 074-012 150.00
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	
ME	
NAME	
STREET ADDRESS CITY-ST-7IP DO NOT WRIT	re
CITY-SI-ZIP	· -
IN THIS SPACE	F
NAME STATE	r Rem
STREET ADDRESS	
CITY-ST-2/P	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	

12. I hereby certify that the information supplied with this fitting 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; he 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 en power of the 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 a more like an officer or director.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED O

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

resusent 850-439-113