2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2004 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State				
DOCU 1. Entity Nam SINGLET						02-05-200	•					
Principal Blac	o of Gueinasi		Mailing Address				- 4101016					
Principal Place of Business 695 N SINGLETON AVE TITUSVILLE, FL 32796			695 N SINGLETON AVE TITUSVILLE, FL 32796			į	() 00 ((0)**	· · · · · · · · · · · · · · · · · · ·		11 6 10110 B1191 87	(BE) () (GB)	
2. Principal P	Place of Busin	ness	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #. etc.					01232004	Chg-P	CR2E0	34 (10/03)	
City & Stat	е		City & State					4. FEI Number Applied F 59-3564708 Not Applied			plied For t Applicable	
Zip	Country			Zíp Co		intry		5. Certificate	e of Status Desired		\$8.75 Add Fee Required	
								7. Name and	d Address of New	Registered A	lgent	: <u>-</u>
VENUTI, LOUIS						Name						
400 ORAN					Street Add	dress (f	P.O. Box Numb	er is Not Acceptab	le)			
TITUSVILI	LE, FL 32	796										
						City						
								FL Zip Code				
8. The above	named entit	y submits this statement f	or the purp	oso of changing its	register	ed office or re	egister	ed agent, or be	oth, in the State of F	lorida. Lam f	amiliar with,	and accept
ine obngai	ions or regisi	tereu agent.										
SIGNATURE.	Signature travel	or printed using of registered ager	of scored bullen ist corner	tional a stillar	E: (factorine	od Agent signature	raquiro I	Judges coincit stices		DATE		
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		FEE IS \$150.00 4 Fee will be \$550	9. Election Campaign Finar Trust Fund Contribution.				\$5. Adde	00 May Be ed to Fees		•		
10.	,	OFFICERS AND	DIRECTO	RS	11,			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	\$1N 11
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee antipowered to expect 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 any address with all other like empowered.

SIGNATURE2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayrimo Flycare #