

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G66918

**Entity Name:** SINGHOFEN & ASSOCIATES, INC.**Current Principal Place of Business:**11723 ORPINGTON STREET  
SUITE 100  
ORLANDO, FL 32817**Current Mailing Address:**11723 ORPINGTON STREET  
SUITE 100  
ORLANDO, FL 32817 US**FEI Number:** 59-2341111**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOULICAULT, KENT  
11723 ORPINGTON STREET  
SUITE 100  
ORLANDO, FL 32817 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | VP                                  |
| Name            | TROILO, MARK XVP/D                  |
| Address         | 11723 ORPINGTON STREET<br>SUITE 100 |
| City-State-Zip: | ORLANDO FL 32817                    |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | VP, TREASURER, SECRETARY            |
| Name            | BOULICAULT, KENT JT/S/D             |
| Address         | 11723 ORPINGTON STREET<br>SUITE 100 |
| City-State-Zip: | ORLANDO FL 32817                    |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | P/D                                 |
| Name            | GAYLORD, ROBERT BP/D                |
| Address         | 11723 ORPINGTON STREET<br>SUITE 100 |
| City-State-Zip: | ORLANDO FL 32817                    |

I hereby 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 all other like empowered.

**SIGNATURE:** KENT BOULICAULT**VICE PRESIDENT****02/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date