

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K57081

**Entity Name:** ALVIN J. SINGLETON, INC.**Current Principal Place of Business:**2504 N. EUCLID AVE  
SARASOTA, FL 34234**Current Mailing Address:**P.O. BOX 49797  
SARASOTA, FL 34230 US**FEI Number:** 65-0090766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SINGLETON, ALVIN J  
2504 N EUCLID AVE  
SARASOTA, FL 34234 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	PT
Name	SINGLETON, ALVIN J
Address	4619 SANDPINE LN
City-State-Zip:	SARASOTA FL 34241

Title	VP
Name	FULTON, AMY S
Address	2238 CLEMATIS ST
City-State-Zip:	SARASOTA FL 34239

Title	S
Name	FULTON, AMY S
Address	2238 CLEMATIS ST
City-State-Zip:	SARASOTA FL 34239

Title	D
Name	KITCHNER, ALBERT (TAD) H
Address	921 CYPRESS WOOD LANE
City-State-Zip:	SARASOTA FL 34243

Title	D
Name	SINGLETON, CHRISTINA M
Address	2738 SUNCREST DRIVE
City-State-Zip:	SARASOTA FL 34239

*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:** AMY S. FULTON

VP

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date