

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90028 043 ***150.00

DOCUMENT # K52484

1. Entity Name

J.F. SINK & SONS, INC. -



40022158

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business C/O D.SINK 450 92nd AVE NO Sulte, Apt. #, etc.		3. Mailing Address C/O DONNA SINK 450 92nd AVE NO Sulte, Apt. #, etc.		4. FEI Number 59-2919341	Applied For Not Applicable
City & State ST PETERSBURG, FL		City & State ST PETERSBURG, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33702	Country USA	Zip 33702	Country USA		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SINK, DONNA J.	
	Street Address (P.O. Box Number is Not Acceptable) 450 92nd AVE NO	
	City ST PETERSBURG, FL	Zip Code FL 33702

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 _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D NAME SINK, DONNA J. STREET ADDRESS 450 92nd AVE. NO. CITY-ST-ZIP ST PETERSBURG, FL 33702	[REDACTED]
TITLE TVP NAME SINK, KENT STREET ADDRESS 450 92nd AVE. NO. CITY-ST-ZIP ST PETERSBURG, FL 33702	[REDACTED]
TITLE VP NAME SINK, KIRK STREET ADDRESS 757 42nd AVE. N.E. CITY-ST-ZIP ST PETERSBURG, FL 33703	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED]

12. I hereby 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna J. Sink* Donna J. Sink
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-22-05 Daytime Phone #: 727-546-2339