

2006

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90030 044 ***150.00

DOCUMENT # K52484

1. Entity Name

J.F. SINK & SONS, INC.



DO NOT WRITE IN THIS SPACE

60009981

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2. Principal Place of Business C/O D.SINK 450 92nd AVE NO Suite, Apt. #, etc.	3. Mailing Address C/O DONNA SINK 450 92nd AVE NO Suite, Apt. #, etc.
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City & State ST PETERSBURG, FL	City & State ST PETERSBURG, FL	4. FEI Number 59-2919341	Applied For Not Applicable
Zip 33702	Country USA	Zip 33702	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 FL Zip Code: 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: *Donna J. Sink* *Donna J. Sink* *Co-owner* DATE: 1-30-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Make Check Payable to: FIDELITY & BOND COMPANY

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINK, DONNA J. 450 92nd AVE. NO. ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP SINK, KENT 450 92nd AVE. NO. ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINK, KIRK 757 42nd AVE. N.E. ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* DATE: 1-30-06 Daytime Phone #: 1-727-576-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR