


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000105515	
1. Entity Name D. SINK, INC.	

Principal Place of Business 125 BORADA ROAD SANFORD, FL 32773	Mailing Address 125 BORADA ROAD SANFORD, FL 32773
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03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 90-0055297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SINK, DARRIN R 125 BORADA ROAD SANFORD, FL 32773	
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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 DARRIN R SINK DATE 3/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PD SINK, DARRIN 125 BORADA ROAD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINK, SANDRA 1684 RUTLEDGE RD LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/05-80034-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRIN R. SINK 3/4/05 321-231-5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #