

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90096 014 ***150.00

DOCUMENT # P04000040898

1. Entity Name

SINCLAIR HOME SERVICES, INCORPORATED



Principal Place of Business

**2350 DOCTOR IRA DRIVE
GREEN COVE SPRINGS FL 32043**

Mailing Address

**P O BOX 163
GREEN COVE SPRINGS FL 32043**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0537897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARETT, ROBERT S
2350 DOCTOR IRA DRIVE
GREEN COVE SPRINGS FL 32043**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARETT, ROBERT S	
STREET ADDRESS	2350 DOCTOR IRA DR.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MARETT, ROBERT S	
STREET ADDRESS	2350 DOCTOR IRA DR	
CITY-ST-ZIP	GR. COVE SPGS FL 32043	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MARETT, ROBERT S	
STREET ADDRESS	PO BOX 163	
CITY-ST-ZIP	GREEN COVE SPGS, FL 32043	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MARETT, ROBERT S	
STREET ADDRESS	PO BOX 163	
CITY-ST-ZIP	GR. COVE SPGS, FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert S. Marett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/05 904-759-0872

Date

Daytime Phone #