

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-12-2007 90086 027 ***150.00

DOCUMENT # P05000167585 1. Entity Name SINCLAIR DESIGN GROUP INC			
Principal Place of Business 1612 FORTUNE DRIVE CLEARWATER, FL 33756 US		Mailing Address 1612 FORTUNE DRIVE CLEARWATER, FL 33756 US	
2. Principal Place of Business - No P.O. Box # 475 Central Avenue		3. Mailing Address 475 Central Avenue	
Suite, Apt. #, etc. Suite 117		Suite, Apt. #, etc. Suite 117	
City & State St. Petersburg, Florida		City & State St. Petersburg, Florida	
Zip 33701	Country US	Zip 33701	Country US
4. FEI Number 20-4026990		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINCLAIR, TIMOTHY M 1612 FORTUNE DRIVE CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: President 2/28/07 <small>(NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME SINCLAIR, TIMOTHY M STREET ADDRESS 1612 FORTUNE DRIVE CITY-ST-ZIP CLEARWATER, FL 33756	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE S.T	<input type="checkbox"/> Delete NAME SINCLAIR, MATTHEW STREET ADDRESS 175 2ND ST SOUTH APT 801 CITY-ST-ZIP ST PETERSBURG, FL 33702	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		2/28/07 800-780-3817	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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