2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 8:00 am Secretary of State **DOCUMENT # P07000013928** 03-19-2008 90017 039 ***150.00 SINCLAIR ENTERPRISES OF MANATEE, INC. Mailing Address Principal Place of Business 6610 ROSY BARB CT 6610 ROSY BARB CT. BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14422 Sundial Place 14622 Sundial Place Suite, Apt. #, etc. Suite, Apt. #, etc. 03162008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20-8359385 Lakewood Ranch akewood Ranch, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П **ULS** 34202 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SINCLAIR, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 6610 ROSY BARB CT BRADENTON, FL 34202 Zip Code 34202 Lakewood Ranch 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITI F NAME SINCLAIR, CHRISTOPHER NAME 14622 Sundial Place STREET ADDRESS STREET ADDRESS 6610 ROSY BARB CT CITY-ST-7IP Lakewood Ranch, FL 34302 CITY-ST-ZIP **BRADENTON, FL 34202** Change TITLE ☐ Delete TITLE ■ Addition SINCLAIR, NATASHA NAME NAME 14422 Sundial Place 6610 ROSY BARB CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 345202 CITY-ST-ZIP Lakewood Ranch, FL 34202 ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED