2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90035 038 ***150.00

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DOCUMENT # P94000071171

1. Entity Name
THE SINCLAIR GROUP, INC.

Principal Place of Business	Mailing Address
1304 DESOTO AVENUE SUITE 101 TAMPA, FL 33606	1304 DESOTO AVENUE SUITE 101 TAMPA, FL 33606

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
111 S. ALBANY AVE.		111 S. ALBANY AVE.	
Suite, Apt. #, etc.: SUITE 200		Suite, Apt. #, etc.: SUITE 200	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33606	Country: USA	Zip: 33606	Country: USA

4. FEI Number 59-3269797 ☐ Applied For ☐ Not Applicable

~~5. Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, SUSAN
1304 DESOTO AVENUE
SUITE 101
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name: CLARK, SUSAN
Street Address (P.O. Box Number is Not Acceptable): 111 S. ALBANY AVE.
SUITE 200
City: TAMPA, FL Zip Code: 33606

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: Susan M. Clark SUSAN M. CLARK 1/13/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, HERBERT S JR 4509 BEACHWAY DR TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Herbert S. Clark Jr 3/24/04 813-259-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #