

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000071171

1. Entity Name  
THE SINCLAIR GROUP, INC.



Principal Place of Business  
111 S. ALBANY AVE., STE 2100  
TAMPA, FL 33606

Mailing Address  
111 S. ALBANY AVE., STE 2100  
SUITE 101  
TAMPA, FL 33606



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3269797

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CLARK, SUSAN  
111 S. ALBANY AVE., STE 2100  
TAMPA, FL 33606

DO NOT WRITE  
IN THIS SPACE

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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME CLARK, HERBERT S JR  
STREET ADDRESS 4509 BEACHWAY DR  
CITY-ST-ZIP TAMPA, FL 33609

TITLE  
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CITY-ST-ZIP

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U00000221490  
02/09/05-80035-014 150.00

DO NOT WRITE  
IN THIS SPACE

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05

813259-9090

Date

Daytime Phone #