

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 013 \*\*\*150.00

**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**

**600000004**



2. Principal Place of Business - No P.O. Box #

**111 S. ALBANY AVENUE  
Suite, Apt. #, etc.  
Suite 200**

3. Mailing Address

**111 S. ALBANY AVENUE  
Suite, Apt. #, etc.  
Suite 200**

01032007 Chg-P CR2E034 (12/06)

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

4. FEI Number  
**59-3269797**

Applied For  
Not Applicable

Zip Country  
**33606 USA**

Zip Country  
**33606 USA**

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

6. Name and Address of Current Registered Agent

**CLARK, SUSAN  
111 S. ALBANY AVE., STE 2100  
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 AVENUE  
→ 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

*[Signature]*  
Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 ☐ Delete  
NAME **CLARK, HERBERT S JR**  
STREET ADDRESS **4509 BEACHWAY DR**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME **CLARK, HERBERT S., JR**  
STREET ADDRESS **36 SPANISH MAIN STREET**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/03/03**  
Date

**813-259-9090**  
Daytime Phone #