## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Jul 05, 2007 08:00 AM **DOCUMENT # P97000084768 Secretary of State** 1. Entity Name DOUGLAS SINCLAIR, P.A. Principal Place of Business Mailing Address 2135 NW 15 PLACE 2135 NW 15 PLACE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 No Chg-P CR2E034 (11/05) 07022007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0786523 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SINCLAIR, DOUGLAS DO NOT WRITE 2135 NW 15 PLACE DELRAY BEACH, FL 33445 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. 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 In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE D SINCLAIR, DOUGLAS NAME 2135 NW 15 PLACE STREET ADDRESS U00000766873 DELRAY BEACH, FL 33445 CITY-ST-ZIP 07/05/07-80001-014 15n.hn TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP rmation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director beivet or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if and the filling empowered. I hereby certify that the inf indicated on this report or of the corporation or the re