


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90056 001 \*\*\*150.00

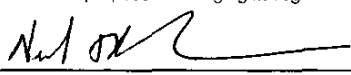
<b>DOCUMENT # P99000073259</b>	
1. Entity Name <b>N. SINCLAIR CONSTRUCTION, INC.</b>	

Principal Place of Business <b>1890 PALMETTO DR. DELAND FL 32724</b>	Mailing Address <b>1890 PALMETTO DR. DELAND FL 32724</b>
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2. Principal Place of Business <b>2309 SAXON DR</b>	3. Mailing Address <b>P.O. Box 2443</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NEW SMYRNA BCH</b>	City & State <b>DELAND</b>
Zip <b>FL</b>	Country <b>32169</b>
Zip <b>FL 32724</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>SINCLAIR, NEIL J 1890 PALMETTO DR. DELAND FL 32724</b>	
7. Name and Address of New Registered Agent Name <b>NEIL J.A. SINCLAIR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2309 SAXON DR</b> City <b>NEW SMYRNA BEACH</b> <b>FL</b> Zip Code <b>32169</b>	

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 	DATE <b>8.10.05</b>

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input type="checkbox"/> Delete <b>SINCLAIR, NEIL 1890 PALMETTO DR DELAND FL 32724</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NEIL SINCLAIR 2309 SAXON DR NEW SMYRNA BEACH FL 32169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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<b>SIGNATURE:</b> 	<b>NEIL J.A. SINCLAIR</b>	<b>8.10.05</b>	<b>386 304-7070</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #