720 BENOI DR DAVENPORT, FL 33896 Certificate of Status Desired: No Marcales of Current Registered Agent: METCALFE, OLIVIA M 720 BENOI DR DAVENPORT, FL 33896 US Certificate of Status Desired: No The above named to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: OLIVIA METCALFE 04/30/2025 Electronic Signature of Registered Agent Date Date Officer/Dire:- Detail: Title PD Name METCALFE, OLIVIA M Name METCALFE, OLIVIA M Name HERNANDEZ, CRISTIAN I Address 720 BENOI DR 720 BENOI DR City-State-Zip: DAVENPORT FL 33896 City-State-Zip:	Current Mai	iling Address:			
FEI Number: 86-2909430 Certificate of Status Desired: No Name and Adress of Current Registered Agent: METCALFE, OLIVIA M 720 BENOI DR DAVENPORT, FL 33896 US Status Desired: No The above name with submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: OLIVIA METCALFE 04/30/2025 Date Date Officer/Direct Detail: Title PD Title V Title PD Title V Title PD Title V Address 720 BENOI DR Address 720 BENOI DR Address 720 BENOI DR					
Name and Address of Current Registered Agent: METCALFE, OLIVIA M 720 BENOI DR DAVENPORT, FL 33896 US 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. SIGNATURE: OLIVIA METCALFE 04/30/2025 Electronic Signature of Registered Agent Date Officer/Director Detail : Title PD Title V Name METCALFE, OLIVIA M Name HERNANDEZ, CRISTIAN I Address 720 BENOI DR Address 720 BENOI DR	DAVENPOR	RT, FL 33896			
METCALFE, OLIVIA M 720 BENOI DR DAVENPORT, FL 33896 US 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. SIGNATURE: OLIVIA METCALFE 04/30/2025 Electronic Signature of Registered Agent Date Officer/Director Detail : Title PD Title V Name METCALFE, OLIVIA M METCALFE, OLIVIA M Address 720 BENOI DR Address 720 BENOI DR	FEI Number	r: 86-2909430		Certificate of Status Des	sired: No
720 BENOI DR DAVENPORT, FL 33896 US The above named write submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: OLIVIA METCALFE 04/30/2025 Electronic Signature of Registered Agent Date Officer/Directr Detail: Title PD Title V Name METCALFE, OLIVIA M Name HERNANDEZ, CRISTIAN I Address 720 BENOI DR Address 720 BENOI DR	Name and A	Address of Current Registered Age	ent:		
SIGNATURE: OLIVIA METCALFE 04/30/2025 Electronic Signature of Registered Agent Date Officer/Director Detail : Title V Title PD Title V Name METCALFE, OLIVIA M Name HERNANDEZ, CRISTIAN I Address 720 BENOI DR Address 720 BENOI DR	720 BENOI DR				
Electronic Signature of Registered Agent Date Officer/Director Detail : Title V Title PD Title V Name METCALFE, OLIVIA M Name HERNANDEZ, CRISTIAN I Address 720 BENOI DR Address 720 BENOI DR	The above name	d entity submits this statement for the purpose of cl	nanging its registered office or regis	tered agent, or both, in the State of Fi	lorida.
Officer/Director Detail : Title PD Name METCALFE, OLIVIA M Address 720 BENOI DR	SIGNATUR	E: OLIVIA METCALFE			04/30/2025
TitlePDTitleVNameMETCALFE, OLIVIA MNameHERNANDEZ, CRISTIAN IAddress720 BENOI DRAddress720 BENOI DR		Electronic Signature of Registered Agent			Date
NameMETCALFE, OLIVIA MNameHERNANDEZ, CRISTIAN IAddress720 BENOI DRAddress720 BENOI DR	Officer/Dire	ctor Detail :			
Address 720 BENOI DR Address 720 BENOI DR	Title	PD	Title	V	
			Name	HERNANDEZ, CRISTIAN I	
City-State-Zip: DAVENPORT FL 33896 City-State-Zip: DAVENPORT FL 33896	Name	METCALFE, OLIVIA M	i taine		
				720 BENOI DR	
	Address	720 BENOI DR	Address		

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000026328

Entity Name: SINCLAIR MARINA INC

Current Principal Place of Business:

720 BENOI DR DAVENPORT, FL 33896

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLIVIA METCALFE

PRESIDENT

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 30, 2025 Secretary of State 8939801222CC