## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75974

FILED Jan 05, 2004 Secretary of State

Entity Name: STERLING EQUIPMENT & MANUFACTURING CO. OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

803 LINE STREET UMATILLA, FL 327841449

Current Mailing Address: New Mailing Address:

803 LINE STREET UMATILLA, FL 327841449

FEI Number: 59-2341269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGERS, PETER F 803 LINE STREET UMATILLA, FL 32784 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: ROGERS, PETER F
Address: POS LINE STREET

 Address:
 803 LINE STREET
 Address:
 803 LINE STREET

 City-St-Zip:
 UMATILLA, FL
 City-St-Zip:
 UMATILLA, FL
 32784

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 CROAK, MICHAEL A
 Name:
 CROAK, MICHAEL A

 Address:
 703 E. BURLEIGH BLVD.
 Address:
 2785 S. BAY ST.

 City-St-Zip:
 TAVARES, FL
 City-St-Zip:
 EUSTIS, FL 32726

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: ROGERS, WADE P Name: ROGERS, WADE P

 Name
 ROGERS, WADE P
 Name
 ROGERS, WADE P

 Address:
 803 LINE ST
 Address:
 803 LINE ST

 City-St-Zip:
 UMATILLA, FL
 32784

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 ROGERS, GREGG S
 Name:
 ROGERS, GREGG S

 Address:
 803 LINE ST
 Address:
 803 LINE ST

 City-St-Zip:
 UMATILLA, FL
 City-St-Zip:
 UMATILLA, FL
 32784

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WADE P. ROGERS VPD 01/05/2004