

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81929

FILED
Jan 18, 2011
Secretary of State

Entity Name: CLAUDE NOLAN STERLING, INC.

Current Principal Place of Business:

% JOHN P. HELMICK JR
4700 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

% JOHN P. HELMICK JR
4700 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2819237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICK, JR, JOHN P.
4700 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPT
Name: HELMICK, JOHN P. JR
Address: 4700 SOUTHSIDE BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: DVP
Name: HELMICK, CLAUDETTE B.
Address: 4700 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL

Title: AS
Name: LOVE, THOMAS
Address: 4700 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL

Title: AS
Name: HELMICK, MARC A.
Address: 4700 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL

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: THOMAS LOVE

AS

01/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date