


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90281 004 ***150.00

DOCUMENT # P01000068437

1. Entity Name
STERLING RUN AT SILVERTHORN, INC.



Principal Place of Business **5223 HUNTERS RIDGE**
9020 RANCHO DEL RIO DR., STE. 101
NEW PORT RICHEY, FL 34655

Mailing Address **5223 HUNTERS RIDGE**
9020 RANCHO DEL RIO DR., STE. 101
NEW PORT RICHEY, FL 34655

94054639

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-3735176

Applied For
 Not Applicable

Zip Country



03222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MOORE, STEVEN W.
STEVEN W. MOORE, P.A.
8200 BRYAN DAIRY RD., STE. 300
LARGO, FL 33777

7. Name and Address of New Registered Agent

Name **LEIGH R. COOPER**

Street Address (P.O. Box Number is Not Acceptable)

5223 HUNTERS RIDGE

City **NEW PORT RICHEY** FL Zip Code **34655**

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 _____

Signature, if not the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, DARREN 9020 RANCHO DEL RIO DR., STE. 101 NEW PORT RICHEY, FL 34655 <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	TS COOPER, LEIGH 9020 RANCHO DEL RIO DR., STE. 101 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  DATE: **4/16/04** DAYTIME PHONE #: **(727) 315-9008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR