

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000064847

1. Entity Name
STERLING PLAZA, INC.



Principal Place of Business
211 WABASH
LAKELAND, FL 33815

Mailing Address
P.O. BOX 16285
TAMPA, FL 33687



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0461410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, PETER J
11404 1/2 N 56TH ST
TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000809067
02/08/08-80008-001-150.00

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: FLOWERS, PAUL E
STREET ADDRESS: P.O. BOX 16285
CITY-ST-ZIP: TAMPA, FL 33687

TITLE: V
NAME: FLOWERS, DUANE A
STREET ADDRESS: P.O. BOX 16285
CITY-ST-ZIP: TAMPA, FL 33687

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Duane A. Flowers DUANE A. FLOWERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Date

(813) 681-0084

Daytime Phone #