

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 559254

1. Entity Name
STERLING INSURANCE AGENCY, INC.



Principal Place of Business

**9380 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US**

Mailing Address

**9380 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1802300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUFO, PAUL R
9380 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

**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**

**U00000900293
04/29/08-80022-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUFO, PAUL R.
STREET ADDRESS	9380 S TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

TITLE	
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STREET ADDRESS	
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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: Paul R. Rufo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL R. RUFO

Date

4-1-08

Daytime Phone #

321 543-8265