

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 649857

1. Entity Name
STERNER CORPORATION



Principal Place of Business
**9 S. WILD OLIVE AVE.
DAYTONA BEACH FL, 32118 US**

Mailing Address
**9 S. WILD OLIVE AVE.
DAYTONA BCH., FL 32118 US**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1968594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOAN, THERESA S
1010 BIG TREE ROAD
SOUTH DAYTONA, FL 32119**

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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

000000079174

04/15/08-80009-025 150.00

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DOAN, THERESA M
9 S. WILD OLIVE
DAYTONA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DOAN, M THERESA STRAHAN
1020-1050 BIG TREE RD
SOUTH DAYTONA FL,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

386-248-1611

Date

Daytime Phone #