

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F00000001162

1. Entity Name
STERLING REALTY MANAGEMENT, INC.



Principal Place of Business
TWO RAVINIA DRIVE, SUITE 1120
ATLANTA, GA 30346

Mailing Address
TWO RAVINIA DRIVE, SUITE 1120
ATLANTA, GA 30346

FILED
Mar 24, 2004 08:00 AM
Secretary of State



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2526148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEAS, WILLIAM J ESQ.
2215 RIVER BOULEVARD
JACKSONVILLE, FL 32204

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000095135
03/24/04-80020-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
THIEBAUT, ROBERT J
TWO RAVINIA DRIVE, SUITE 1120
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
THIEBAUT, ROBERT J
TWO RAVINIA DRIVE, SUITE 1120
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PAT
HOOPER, LEE A
TWO RAVINIA DRIVE, SUITE 1120
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VST
CONTRACTOR, SHEFALI A
TWO RAVINIA DRIVE, SUITE 1120
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 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: Shefali A. Contractor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-04

Date

770-390-7400

Daytime Phone #