


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90003 011 ***150.00

DOCUMENT # F00000001459

1. Entity Name
STERLING CONSULTING CORP.



Principal Place of Business Mailing Address
1029 BEARDED OAKS TERR. **1029 BEARDED OAKS TERR.**
LONGWOOD FL 32779- **LONGWOOD FL 32779**

2. Principal Place of Business 3. Mailing Address
200 Ocean Crest Dr. **200 Ocean Crest Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
914 **914**

City & State City & State
Palm Coast, FL **Palm Coast, FL**

Zip Country Zip Country
32137 **Flagler** **32137** **Flagler**



MOORE CR2E034 (11/03)

4. FEI Number Applied For
22-3369951 Not Applicable

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

6. Name and Address of Current Registered Agent
NAUS, BARRY S
1029 BEARDED OAKS TERR.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name **Naus, Barry S**
 Street Address (P.O. Box Number is Not Acceptable)
200 Ocean Crest Dr
914
 City **Palm Coast** **FL** Zip Code **32137**

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 *Barry S Naus* **Barry S Naus** **1/24/04**
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PCD <input type="checkbox"/> Delete
NAME	NAUS, BARRY S
STREET ADDRESS	1029 BEARDED OAKS TERR.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Naus, Barry S
STREET ADDRESS	200 Ocean Crest Dr. 914
CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Barry S Naus* **1/24/04** **386 246-6450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #