



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90262 002 ***150.00

DOCUMENT # F94000005428 1. Entity Name STERLING HOLDINGS, INC.					
Principal Place of Business ONE PROGRESS PLAZA STE 810 ST PETERSBURG, FL 33701			Mailing Address ONE PROGRESS PLAZA STE 810 ST PETERSBURG, FL 33701		
2. Principal Place of Business 65 Technology Parkway Suite, Apt. #, etc.		3. Mailing Address 65 Technology Parkway Suite, Apt. #, etc.			
City & State Rome GA 30165		City & State Rome GA 30165		4. FEI Number 35-1698277 58-1838073	
Zip 30165		Country Floyd		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, RODNEY LEIGH ONE PROGRESS PLAZA STE 810 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Hale, Rodney Street Address (P.O. Box Number is Not Acceptable) 218 Sand Key Estates Drive City Clearwater FL Zip Code 33767	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANCEY, DELOS H 855 OCEAN SHORES BLVD 219 ORMOND BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MPT HALE, RODNEY L 218 SAND KEY ESTATES DR CLEARWATER, FL 33767	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, KAREN 3390 RIVERMONT PKWY ALPHARETTA, GA 30022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Raymond Biscogolia 33 N Garden Ste 111 Clearwater FL 33768-3613 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLAESER, KARL-HEINZ 4620 BLUE MT DR TUSCON, AZ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Phillips 3390 Rivermont Parkway Alpharetta GA 30022 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIL, EDITO M 6921 ARBOR OAKS CT. BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ 4/7/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					