## 2005 FOR PROFIT CORPORATION

## Mar 03, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F94000005428 1. Entity Name STERLING HOLDINGS, INC. Principal Place of Business Mailing Address **65 TECHNOLOGY PKWY 65 TECHNOLOGY PKWY** ROME, GA 30165 STE 810 ROME, GA 30165 01112005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1838073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALE, RODNEY LEIGH DO NOT WRITE 218 SAND KEY ESTATES DRIVE CLEARWATER BEACH, FL 33767 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THTLE NAME YANCEY, DELOS H 855 OCEAN SHORES BLVD 219 STREET ADDRESS CITY-ST-ZIP ORMOND BCH, FL U00000249927 03/03/05-80021-019 150.00 TITLE NAME HALE, RODNEY L 218 SAND KEY ESTATES DR STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33767 TITLE PHILLIPS, KAREN NAME 3390 RIVERMONT PKWY STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ALPHARETTA, GA 30022 TITLE IN THIS SPACE KLAESER, KARL-HEINZ NAME 4620 BLUE MT DR STREET ADDRESS CITY-ST-ZIP TUSCON, AZ TITLE GIL, EDITO M NAME STREET ADDRESS 6921 ARBOR OAKS CT.

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: FFICER OR DIRECTOR

BRADENTON, FL 34209

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

Daytime Phone #

**FILED**