


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90006 007 \*\*\*150.00

DOCUMENT # F94000005428 1. Entity Name STERLING HOLDINGS, INC.	
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Principal Place of Business 65 TECHNOLOGY PKWY ROME, GA 30165	Mailing Address 65 TECHNOLOGY PKWY STE 810 ROME, GA 30165
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**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1838073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PRICE, DOUG  
1550 RIDGE TOP DRIVE  
TARPON SPRINGS, FL 34688

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANCEY, DELOS H 809 HORSELEG CREEK ROAD ROME, GA 30165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUG, PRICE 1550 RIDGE TOP DRIVE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITEACRE, ELWOOD 121 SAGEWOOD DRIVE ROME, GA 30165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Elwood Whitacre Elwood Whitacre 3-20-07 706-235-8154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #