

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000437

Entity Name: STERLING FIBERS, INC.

FILED  
Mar 22, 2006  
Secretary of State

## Current Principal Place of Business:

5005 STERLING WAY  
MILTON, FL 32571

## New Principal Place of Business:

5005 STERLING WAY  
PACE, FL 32571

## Current Mailing Address:

5005 STERLING WAY  
MILTON, FL 32571

## New Mailing Address:

5005 STERLING WAY  
PACE, FL 32571

FEI Number: 76-0523577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAUNDERS, PAUL K  
1610 TAHITH DR  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

HAGEROTT, JAMES R  
4208 N CAMBRIDGE WAY  
PACE, FL 32571 US

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.

SIGNATURE: JAMES R HAGEROTT

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAUNDERD, PAUL K  
Address: 1610 TAHITI DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: VP ( ) Delete  
Name: CRAWFORD, WILLIAM T  
Address: 1236 TAMARA DR  
City-St-Zip: PENSACOLA, FL 32504

Title: S (X) Delete  
Name: HAGEROTT, JAMES R  
Address: 4208 N CAMBRIDGE WAY  
City-St-Zip: MILTON, FL 32571

Title: T (X) Delete  
Name: ALLENDER, SUSAN  
Address: 5603 TODD ST  
City-St-Zip: MILTON, FL 32571

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HAGEROTT, JAMES R  
Address: 4208 N CAMBRIDGE WAY  
City-St-Zip: PACE, FL 32571

Title: VP (X) Change ( ) Addition  
Name: ALLENDER, SUSAN R  
Address: 5603 TODD STREET  
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R HAGEROTT

P

03/22/2006

Electronic Signature of Signing Officer or Director

Date