


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90074 018 ***150.00

DOCUMENT # K14202 1. Entity Name STERLING RESEARCH GROUP, INC.																																																																																																							
Principal Place of Business 600 1ST AVENUE N. SUITE 200 ST PETE, FL 33701 US		Mailing Address 600 1ST AVENUE N. SUITE 200 ST PETE, FL 33701 US																																																																																																					
2. Principal Place of Business - No P.O. Box # 111 2nd Ave. NE		3. Mailing Address 111 2nd Ave. NE																																																																																																					
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800																																																																																																					
City & State St. Petersburg, FL		City & State St. Petersburg, FL																																																																																																					
Zip 33701	Country US	Zip 33701	Country US																																																																																																				
6. Name and Address of Current Registered Agent NEUKAMM, JOHN B. 305 S BLVD TAMPA, FL 33606-2150		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DC</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HAUEISEN, WILLIAM D.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 1ST AVE. N. #200</td> <td>STREET ADDRESS</td> <td>111 2nd Ave. NE, Suite 800</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST PETE, FL 33701</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DTSV</td> <td>TITLE</td> <td>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HAUEISEN, JANICE I.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>600 1ST AVE. N. #200</td> <td>STREET ADDRESS</td> <td>111 2nd Ave. NE, Suite 800</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ST PETE, FL 33701</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ROHRER, LISA H</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>305 16TH AVE NE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SAINT PETERSBURG, FL 33704</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ROHRER, J.J.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>305 16TH AVE NE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SAINT PETERSBURG, FL 33704</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </tbody> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	DC	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	HAUEISEN, WILLIAM D.	NAME		STREET ADDRESS	600 1ST AVE. N. #200	STREET ADDRESS	111 2nd Ave. NE, Suite 800	CITY - ST - ZIP	ST PETE, FL 33701	CITY - ST - ZIP		TITLE	DTSV	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	HAUEISEN, JANICE I.	NAME		STREET ADDRESS	600 1ST AVE. N. #200	STREET ADDRESS	111 2nd Ave. NE, Suite 800	CITY - ST - ZIP	ST PETE, FL 33701	CITY - ST - ZIP		TITLE	DP	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	ROHRER, LISA H	NAME		STREET ADDRESS	305 16TH AVE NE	STREET ADDRESS		CITY - ST - ZIP	SAINT PETERSBURG, FL 33704	CITY - ST - ZIP		TITLE	DV	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	ROHRER, J.J.	NAME		STREET ADDRESS	305 16TH AVE NE	STREET ADDRESS		CITY - ST - ZIP	SAINT PETERSBURG, FL 33704	CITY - ST - ZIP		TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Haueisen **Wm D Haueisen**

3/6/08 (727) 866-2400
Date Daytime Phone #