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Secretary of State
07-01-2004 90002 038 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L58971

1. Entity Name
STERLING CUSTOM HOMES, INC.

04059463

Principal Place of Business	Mailing Address
9011 ST. ANDREWS WAT MOUNT DORA, FL 32757 US	P.O. BOX 1047 MOUNT DORA, FL 32757-1047 US

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
20525 Raymond Road	
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Eustis, FL	City & State
Zip: 32736 Country	Zip Country

4. FEI Number: 59-2998182 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FISH, DALE D. 9011 ST. ANDREWS WAY MOUNT DORA, FL 32757	Name: Street Address (P.O. Box Number is Not Acceptable): 20525 Raymond Road City: Eustis FL Zip Code: 32736

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISH, DALE D. P.O. BOX 1047 N/A MOUNT DORA, FL 32758 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition P.O. Box 1047 Mount Dora, FL 32756-1047
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Dale D Fish - PD 9.24.04 352-589-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #