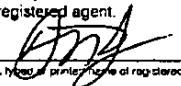


FILED
Feb 02, 2005 8:00 am
Secretary of State

01-07-2005 90013 022 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000082090			
1. Entity Name STERLING BENEFITS, INC.			
Principal Place of Business 555 E. ELKAM CRL. MARCO ISLAND, FL 34145		Mailing Address P.O. BOX 2124 MARCO ISLAND, FL 34146	
2. Principal Place of Business 601 E. Elkcam Circle Suite, Apt. #, etc. B1		3. Mailing Address P.O. Box 2124 Suite, Apt. #, etc.	
City & State Marco Island, FL		City & State Marco Island, FL	
Zip 34145		Country Collier	
4. FEI Number 65-1060291		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TABER, DAVID L JR P. O. BOX 2124 MARCO ISLAND, FL 34146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 601 E. Elkcam Circle Suite B, 1 City Marco Island FL Zip Code 34145	
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  David L. Taber Jr 1/5/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES TABER, DAVID L JR P.O. BOX 2124 MARCO ISLAND, FL 34146 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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:  David L. Taber Jr 1/5/05 239-389-1205 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			