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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	Mailing Address
555 E. ELKCAM CRL. MARCO ISLAND, FL 34145	P.O. BOX 2124 MARCO ISLAND, FL 34146

66000842

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
601 E. Elkcam Circle		P.O. Box 2124	
Suite, Apt. #, etc.: B 1		Suite, Apt. #, etc.	
City & State: Marco Island, FL		City & State: Marco Island, FL	
Zip: 34145	Country: Collier	Zip: 34146	Country: Collier

4. FEI Number: 65-1060291 ☐ Applied For ☐ Not Applicable

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

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: [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
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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: [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 #