

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90073 013 ***550.00

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1. Entity Name
STERLING MANAGEMENT RESOURCES, INC.

Principal Place of Business
**405 N. REO ST., ST E #175
TAMPA, FL 33647**

Mailing Address
**405 N. REO ST., ST E #175
SUITE 150
TAMPA, FL 33647**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08102004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1130875

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

**TUTWILER, STEPHEN
5312 WITHAM CT
TAMPA, FL 33647**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TDC
TUTWILER, STEPHEN S
5312 WITHAM CT
TAMPA, FL 33647** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PRICE, JOSSEPH V
1978 BRAK MOOR DRIVE
PINELLAS COUNTT, FL 34698** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
John Hindman
234 Dolphin Pt. unit #4
Clearwater, FL 33967** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
DAVID VOLPE
818 IDLEWOOD DR
TAMPA FL 33609** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank] ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04

Date

(813) 979-1559

Daytime Phone #