

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059881

1. Entity Name
STERLING CENTRECORP MANAGEMENT SERVICES
INC.



Principal Place of Business
ONE N. CLEMATIS STREET
WEST PALM BEACH, FL 33401

Mailing Address
ONE N. CLEMATIS STREET
WEST PALM BEACH, FL 33401



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1154487

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOSOY, BRIAN D
ONE N CLEMATIS ST, STE 305
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 \$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

TITLE PD
NAME KOSOY, BRIAN D
STREET ADDRESS ONE N CLEMATIS ST, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VTD
NAME SHREEVE, DAVID J
STREET ADDRESS ONE N CLEMATIS ST, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V
NAME KOSOY, A. DAVID
STREET ADDRESS ONE N CLEMATIS ST, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V
NAME PRESTON, JOHN W S
STREET ADDRESS ONE N CLEMATIS ST, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V
NAME GREEN, ROBERT S
STREET ADDRESS ONE N CLEMATIS ST, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000140886
04/29/04-80179-014 158.75

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IN THIS SPACE**

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

Brian D. Kosoy
President
Date *4-19-04* (561) *835-1810*
Daytime Phone #