

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90281 004 \*\*\*150.00

**DOCUMENT # P01000068437**

1. Entity Name  
**STERLING RUN AT SILVERTHORN, INC.**



Principal Place of Business  
**5223 HUNTERS RIDGE**  
**9020 RANCHO DEL RIO DR., STE. 101**  
**NEW PORT RICHEY, FL 34655**

Mailing Address  
**5223 HUNTERS RIDGE**  
**9020 RANCHO DEL RIO DR., STE. 101**  
**NEW PORT RICHEY, FL 34655**

**94054639**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3735176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required.**

6. Name and Address of Current Registered Agent

**MOORE, STEVEN W.**  
**STEVEN W. MOORE, P.A.**  
**8200 BRYAN DAIRY RD., STE. 300**  
**LARGO, FL 33777**

7. Name and Address of New Registered Agent

Name **LEIGH R. COOPER**

Street Address (P.O. Box Number is Not Acceptable)

**5223 HUNTERS RIDGE**

City **NEW PORT RICHEY**

**FL**

Zip Code **34655**

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, name and address 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	P	<input type="checkbox"/> Delete
NAME	COOPER, DARREN	
STREET ADDRESS	9020 RANCHO DEL RIO DR., STE. 101	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	TS	<input type="checkbox"/> Delete
NAME	COOPER, LEIGH	
STREET ADDRESS	9020 RANCHO DEL RIO DR., STE. 101	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**X 4/10/04**  
Date

**X (727) 315-9008**  
Daytime Phone #