

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 021 ***150.00

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1. Entity Name
STERLING SECURITY, INC.



Principal Place of Business
2154 MARINER BLVD
SPRING HILL, FL 34609

Mailing Address
2154 MARINER BLVD
SPRING HILL, FL 34609

40042906



2. Principal Place of Business - No P.O. Box #
2154 Mariner Blvd
Suite, Apt. #, etc.

3. Mailing Address
2154 Mariner Blvd
Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State
Spring Hill FL
Zip 34609 Country USA

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Spring Hill FL
Zip 34609 Country USA

4. FEI Number
48-1253367
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSTROSKI, JOHN
2154 MARINER BLVD
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2154 Mariner Blvd
City Spring Hill FL Zip Code 34609

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPS
NAME OSTROSKI, MAUREEN
STREET ADDRESS 2154 MARINER BLVD
CITY-ST-ZIP SPRING HILL, FL 34609 ☐ Delete

TITLE PT
NAME OSTROSKI, JOHN
STREET ADDRESS 2154 MARINER BLVD
CITY-ST-ZIP SPRING HILL, FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 exemptions contained in Chapter 119, 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: Maureen Ostroski Maureen Ostroski 2/12/07 1-352-303-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #