

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 16 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058656

1. Entity Name  
STERLING ACQUISITION GROUP, INC.



Principal Place of Business  
ONE N CLEMATIS ST STE 305  
W PALM BEACH, FL 33401

Mailing Address  
ONE N CLEMATIS ST STE 305  
W PALM BEACH, FL 33401



02042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0724446

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WIENER, DAVID J ESQ  
ONE N CLEMATIS ST STE 305  
W 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

300032969743  
04/16/04--01048--039 \*\*150.00

**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 NAME STREET ADDRESS CITY-ST-ZIP	DV PRESTON, JOHN W.S. ONE N CLEMATIS ST STE 305 W PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREEN, ROBERT S 2851 JOHN ST STE ONE MARKHAM, ONTARIO L3R 5R7 CAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOSOY, DAVID ONE N CLEMATIS ST STE 305 W PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOSOY, BRIAN ONE N CLEMATIS ST STE 305 W PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, TOM ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHREEVE, DAVID ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401

**DO NOT WRITE  
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:

*David J Shreeve*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2004

Date

561-835-1810

Daytime Phone #

2