

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P03000101 G & ASSOCIATES, LAW FI		W.	04	FILED OCT -6 PM 3	3: 19	
3305 AUTUMN WOOD TR.		Mailing Address 3305 AUTUMN WOOD TR. APOPKA, FL 32703		100	SEC TALL	RETAKTOLOLI. AHASSEE, FLO	ATE RIDA
2. Principal Place of Business 3. Mailing Address 4. Mailing Address 5. Mailing Address 5. Mailing Address 5. Mailing Address 5. Mailing Address			agnolia A-10	Ave 09292004	Chg-P	CR2E034 (10/03)	
City & State	ON lardo, FC SOI Country Brange	32801	lo FC Country Ovange	4. FEI Number 84-10	er 290/7 of Status Desired		
STERLING	6. Name and Address of Current F G, SHARA S UMN WOOD TR.	Name Street Ad	Street Address (P.Q. Box Number is Not Acceptable) Ave Suite A-10 Orlando, FC				
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							
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Financing ution.	\$5.00 May Be Added to Fees		with s. 607.193(2)(b), not receive the prior		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	L /CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLING, SHARA S 3305 AUTUMN WOOD TR. APOPKA, FL 32703	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sterling; 320 M.1	Shara: nagnolia ndo, FC	S. Schange Ave Suite 32801	☐ Addition A - 10
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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 De Days Phone 9							



Advanced Tax Centre. Inc. (A Firm of Enrolled Agents)

3819 Murrell Road, Suite E, Rockledge, FL 32955

James A. Naff, EA* E. Ann Shroll, EA* ** Edward F. Chambers, EA Twila D. Midwood, EA

Phone: (321) 636-8561 Fax: (321) 631-7208

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Saturday, October 02, 2004

Florida Department of State Division of Corporations PO Box 1500 Tallahassee FL 32302-1500

Re:

Sterling & Associates, Law Firm, Inc.

Document: P03000101460 2004 Annual Reprot

Dear Sir,

We Request abatement of the penalty for late filing and reinstatement.

This filing is after the September 8, 2004 deadline due to problems associated with Hurricanes Frances & Jeanne. The records for the company became disorganized due to damage to the offices located in Orlando which delayed locating the FEI number which is required for filing this report.

Your consideration in this matter is appreciated.

Respectfully,

Edward Chambers Enrolled Agent

^{*} Graduate Fellow of The National Tax Practice Institute

^{**} Past President: National Association of Enrolled Agents Member: National Association of Enrolled Agents Member: National Society of Accountants