


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90220 001 ***150.00

DOCUMENT # P03000134495	
1. Entity Name J.C. STERLING, INC.	

Principal Place of Business 3897 SW SAILFISH DRIVE PALM CITY, FL 34990	Mailing Address 3897 SW SAILFISH DRIVE PALM CITY, FL 34990
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94074000

2. Principal Place of Business 2232 S.E. Federal Hwy. Suite, Apt. #, etc.	3. Mailing Address 2232 S.E. Federal Hwy. Suite, Apt. #, etc.
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03062004 Chg-P CR2E034 (10/03)

City & State Stuart, FL.	City & State Stuart, FL.
Zip 34994	Zip 34994
Country MARTIN	Country MARTIN

4. FEI Number 45 0527986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLEMAN, JEFF 3897 SW SAILFISH DRIVE PALM CITY, FL 34990	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Jeff Coleman <small>Signature used must be name of registered agent and file it applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE 4-23-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COLEMAN, JEFF 3897 SW SAILFISH DRIVE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jeff Coleman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 4-23-04 DAYTIME PHONE: 772-219-3201