

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90046 046 ***158.75

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1. Entity Name

STERLING CORP. OF S/W FLORIDA



Principal Place of Business

1214 ORTIZ AVENUE
FT. MYERS FL 33905

Mailing Address

1214 ORTIZ AVENUE
FT. MYERS FL 33905



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3278836

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GADHIA, HARISH
1214 ORTIZ AVENUE
FT. MYERS FL 33905

7. Name and Address of New Registered Agent

Name **RATHOD MOHAN**

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

146 East Northshore Ave

City **N. Ft. Myers**

FL

Zip Code

33917

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **GADHIA, HARISH**
STREET ADDRESS **1325 N. SINGLETON AVE**
CITY - ST - ZIP **TITUSVILLE FL 32796**

TITLE ☒ Delete
NAME **RATHOD, MOHAN**
STREET ADDRESS **1214 ORTIZ AVE**
CITY - ST - ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
NAME **RATHOD, SUVARNA**
STREET ADDRESS **1214 ORTIZ AVE**
CITY - ST - ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #