

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90219 049 ***150.00

DOCUMENT # P04000083540

1. Entity Name
STERLING REAL ESTATE DEVELOPMENT CORP.



Principal Place of Business
**6597 NICHOLAS BOULEVARD
PENTHOUSE 11
NAPLES, FL 34108 US**

Mailing Address
**6597 NICHOLAS BOULEVARD
PENTHOUSE 11
NAPLES, FL 34108 US**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 20-1175680 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CLASP, INC.
3001 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | P COMMITTE, THOMAS C 6597 NICHOLAS BLVD, PH 11 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DRAPER, JOHN J 6597 NICHOLAS BOULEVARD, PH 11 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC DRAPER, JOHN J 6597 NICHOLAS BOULEVARD, PH 11 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-248-5608
Daytime Phone #