

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000124528
 1. Entity Name
 STERLING COMPANIES, INC.



Principal Place of Business
 284 CORINTHIAN PLACE
 DESTIN, FL 32541

Mailing Address
 284 CORINTHIAN PLACE
 DESTIN, FL 32541



02072006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-1553728

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PLEAT, DAVID B ESQ
 4477 LEGENDARY DRIVE
 SUITE 202
 DESTIN, FL 32541

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RAYZOR, RICHARD S
STREET ADDRESS	284 CORINTHIAN PLACE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	P
NAME	VIDOR, JOAN E
STREET ADDRESS	284 CORINTHIAN PLACE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joan E. Vidor JOAN E. VIDOR 3/2/06 850-855-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #