


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90197 047 ***150.00

DOCUMENT # P04000134368		
1. Entity Name STERLING MARK CORPORATION		

Principal Place of Business 1 NORTH 4TH STREET SUITE 204 FERNANDINA BEACH, FL 32034 US	Mailing Address 1 NORTH 4TH STREET SUITE 204 FERNANDINA BEACH, FL 32034 US
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14004904



2. Principal Place of Business 3815 Cayman Circle Suite, Apt. #, etc.	3. Mailing Address 3815 Cayman Circle Suite, Apt. #, etc.
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04262005 Chg-P CR2E034 (10/03)

City & State Fernandina Beach, FL	City & State Fernandina Beach, FL
Zip 32034	Country USA
Zip 32034	Country USA

4. FEI Number 20-1691861	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 GARNER, MARK J 1 NORTH 4TH STREET SUITE 204 FERNANDINA BEACH, FL 32034	
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7. Name and Address of New Registered Agent Name: GARNER, Mark J. Street Address (P.O. Box Number is Not Acceptable): 3815 Cayman Circle City: Fernandina Beach FL Zip Code: 32034	
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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: <u>Mark Garner</u> DATE: <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GARNER, MARK J 1 NORTH 4TH STREET FERNANDINA BEACH, SUITE 204, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Garner, Mark J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3815 Cayman Circle Fernandina Beach, FL 32034
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 full other like empowered. SIGNATURE: <u>Mark Garner</u> President DATE: <u>4/26/05</u> (904) 321-2317 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>	
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