

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90013 014 ***158.75

DOCUMENT # P04000134368 1. Entity Name STERLING MARK CORPORATION					
Principal Place of Business 3815 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034 US			Mailing Address 3815 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1691861	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARNER, MARK J 3815 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES ☐ Delete		TITLE	C.E.O. ☐ Change ☒ Addition	
NAME	GARNER, MARK J		NAME	Mark J. Garner	
STREET ADDRESS	3815 CAYMAN CIRCLE		STREET ADDRESS	3815 Cayman Circle	
CITY-ST-ZIP	FERNANDINA BEACH, SUITE 204, FL 32034		CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	☐ Delete		TITLE	Secretary ☐ Change ☒ Addition	
NAME			NAME	Rebekah H. Garner	
STREET ADDRESS			STREET ADDRESS	3815 Cayman Circle	
CITY-ST-ZIP			CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mark J. Garner - President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>1/29/06</i> 904-415-3530 Daytime Phone #		