

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031772

FILED
Apr 02, 2009
Secretary of State

Entity Name: STEARN ENTERPRISES OF FLORIDA, INC.

Current Principal Place of Business:

189 MEDALIST ROAD
ROTONDA WEST, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

189 MEDALIST ROAD
ROTONDA WEST, FL 33947 US

New Mailing Address:

FEI Number: 74-3207869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, ELLIOT
189 MEDALIST RD
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

GLYNN, PERKINS
189 MEDALIST RD
ROTONDA WEST, FL 33947 US

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.

SIGNATURE: GLYNN PERKINS

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERKINS, GLYNN
Address: 189 MEDALIST ROAD
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: V () Delete
Name: PERKINS, JULIE
Address: 189 MEDALIST RD
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLYNN PERKINS

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date