

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90044 031 ***158.75

DOCUMENT # P93000083162

1. Entity Name
STERLING AND KING, INC.



Principal Place of Business
500 SR 436, SUITE 2074
CASSELBERRY, FL 32707 US

Mailing Address
274 WILSHIRE BOULEVARD
NO. 269
CASSELBERRY, FL 32707

54003421



2. Principal Place of Business
500 SR 436, Suite 2074
Suite, Apt. #, etc. 2074
City & State Casselberry FL
Zip 32707 Country US

3. Mailing Address
500 SR 436, Suite 2074
Suite, Apt. #, etc. 2074
City & State Casselberry FL
Zip 32707 Country US

01292004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3220287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KEENAN, R.
500 SE 436, SUITE 2074
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
Name Same
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 *R Keenan* *R Keenan* DATE 1-15-04
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, 2004 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	D KEENAN, PAULA 274 WILSHIRE BLVD., SUITE 269 CASSELBERRY, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEENAN, PAULA 274 WILSHIRE BLVD #269 CASSELBERRY, FL	<input checked="" 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	D Keenan R 500 SR 436, Suite 2074 Casselberry FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Keenan R 500 SR 436, Suite 2074 Casselberry FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *R Keenan* *R Keenan* DATE 1-15-04 DAYTIME PHONE # 407-262-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR