# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 27, 2005**
**Secretary of State**

DOCUMENT# P94000061944

**Entity Name:** STERLING'S OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

3551 ST JOHNS AVE
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

2833 ST. JOHNS AVE
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

**FEI Number: 59-3262250** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABRAHAM, KATHLEEN S
9800 TOUCHTON RD.
1212
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

ABRAHAM, KATHLEEN S
4680 TANBARK RD
JACKSONVILLE, FL 32210 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: KATHLEEN S ABRAHAM 08/27/2005
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: ABRAHAM, ANTHONY
Address: 2833 ST JOHN'S AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: AT ( ) Delete
Name: RICKS, JOHN
Address: 2833 ST JOHN'S AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: AS ( ) Delete
Name: HILLERY, LOUISE K
Address: 3259 ST JOHN AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: P ( ) Delete
Name: GALLO, FRANK JR
Address: 2833 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 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: FRANK GALLO JR P 08/27/2005
Electronic Signature of Signing Officer or Director Date