


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90182 009 ***150.00

DOCUMENT # P95000009394 1. Entity Name STERLING BANCGROUP, INC.					
Principal Place of Business 1189 HYPOLUXO ROAD LANTANA, FL 33462 US			Mailing Address 1189 HYPOLUXO ROAD LANTANA, FL 33462 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1428066	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CITICORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name WILLIAM A SCHOFIELD Street Address (P.O. Box Number is Not Acceptable) STERLING BANCGROUP, INC 1189 HYPOLUXO ROAD City LANTANA, FL Zip Code 33462		
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>William A Schofield</u> WILLIAM A SCHOFIELD DATE 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSON, RICHARD O 7275 WEST PIKE ZANESVILLE, OH 43701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL P CALANAN 4120 GREENVIEW DRIVE COLUMBUS, OHIO 43220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP BAVELIS, GEORGE A 52 EAST 15TH AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER CLARKSON 3030 SCIOTO ESTATES COURT COLUMBUS, OHIO 43221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MALAS, ERNIE 5124 RIVERSIDE DRIVE COLUMBUS, OH 43220	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS A VOGEL 305 S. ANDREW AVE # 801 FT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLDNESS, I.D. 215 BALLYSHANNON STREET B502 MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WILLIAM A SCHOFIELD 2000 N ESTRELLA CT #206 PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, SANFORD 68 SOUTH 4TH STREET COLUMBUS, OH 43215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID G AUBRIGHT 119 S STATE ROAD 7 ROYAL PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICALLEF, MICHAEL A JR 1189 HYPOLUXO ROAD LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete			
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: <u>William A Schofield</u> WILLIAM A SCHOFIELD, CFO DATE 4/29/04 (361) 656-3000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

