

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000092258

1. Entity Name

STERLING INVESTMENT COMPANY



Principal Place of Business

**ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401 US**

Mailing Address

**ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH, FL 33401 US**



04112006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0628278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOSOY, BRIAN D
ONE NORTH CLEMATIS STREET, STE 305
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

**TITLE DP
NAME KOSOY, BRIAN D
STREET ADDRESS ONE NORTH CLEMATIS STREET, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401**

**TITLE VSD
NAME MOROSS, GREGORY S
STREET ADDRESS ONE NORTH CLEMATIS STREET, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401**

**TITLE DV
NAME COSTELLO, VINCENT J
STREET ADDRESS ONE NORTH CLEMATIS STREET, STE 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000535211
05/08/06-80044-009 158.75**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian D. Kosoy 04-19-06

561-835-1810