

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000090959

Entity Name: STERLING STUCCO, INC.

FILED
Jul 27, 2005
Secretary of State

Current Principal Place of Business:

4732 MAID MARIAN LANE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

935 N BENEVA RD
SUITE 609-7
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0705822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGES, KEITH B
4732 MAID MARIAN LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

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: P () Delete
Name: HODGES, KEITH B.
Address: 4732 MAID MARIAN LANE
City-St-Zip: SARASOTA, FL 34232

Title: VTS () Delete
Name: OWENS, BARBARA A.
Address: 4732 MAID MARIAN LANE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTS (X) Change () Addition
Name: OWENS, BARBARA A
Address: 4732 MAID MARIAN LANE
City-St-Zip: SARASOTA, FL 34232

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: BARBARA A. OWENS

MS

07/27/2005

Electronic Signature of Signing Officer or Director

Date