

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000103721

1. Entity Name
STERLING WHOLESALE, INC.



Principal Place of Business
**6424 PINE CASTLE BLVD
STE A
ORLANDO, FL 32809**

Mailing Address
**6424 PINE CASTLE BLVD
STE A
ORLANDO, FL 32809**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILES, CHARLES E JR
6212 DARTMOOR CT
ORLANDO, FL 32819**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000196167
01/26/05-80059-006 158.75**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	BAILES, CHARLES E JR
STREET ADDRESS	6212 DARTMOOR CT
CITY-ST-ZIP	ORLANDO, FL
TITLE	DVP
NAME	HOLLOWAY, JOHN W
STREET ADDRESS	6201 MATCHETT RD
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	BAILES, JESS D
STREET ADDRESS	730 ALBA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D
NAME	BAILES, CHARLES E III
STREET ADDRESS	833 SEVILLE PL
CITY-ST-ZIP	ORLANDO, FL
TITLE	P
NAME	MAILANDER, JOHN
STREET ADDRESS	1800 MORNINGSIDE DR
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 2005

407.850.4355