


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000059222		
1. Entity Name STERLING FENCE, INC.		

12 MAY 31 AM 6:13

Principal Place of Business 132 DELLWOOD DR LONGWOOD, FL 32750	Mailing Address PO BOX 915224 LONGWOOD, FL 32791 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 520774
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LONGWOOD FL
Zip	Country 32752-0774 US

05032012 Chg-P CR2E034 (12/11)

4. FEI Number 59-3527280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOUSE, FRANK W 132 DELLWOOD DR LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 28, 2012**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	P HOUSE, FRANK W 132 DELLWOOD DR LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOUSE, PATRICIA 132 DELLWOOD DR LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000235735870 05/31/12--01004--025 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOUSE, CHAD 132 DELLWOOD DR LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Patricia House / PATRICIA HOUSE 5-21-12 Sterling Fence Inc @aol.com  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

MAY 31 2012