
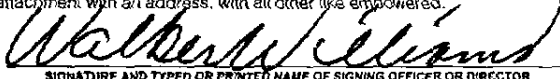


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000049213		
1. Entity Name STERLING FINANCIAL COMPANY, INC.		
Principal Place of Business 1131 E VINE ST KISSIMMEE, FL 34744 US		Mailing Address 1131 E VINE ST KISSIMMEE, FL 34744 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARRELL, MICHAEL W 10 CAROLINA AVE. SAINT CLOUD, FL 34769		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 _____ <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, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE	DPT	
NAME	WILLIAMS, WALKER	
STREET ADDRESS	1820 KING JAMES ROAD	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	DVPS	
NAME	HARRELL, MICHAEL W	
STREET ADDRESS	10 CAROLINA AVE.	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3657250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT# 49213
04/08/06-R0037-012-150.75