


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/4

**FILED
Jun 26, 2008 8:00 am
Secretary of State**

06-04-2008 90008 010 ***558.75

DOCUMENT # P99000049213 1. Entity Name STERLING FINANCIAL COMPANY, INC.	
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Principal Place of Business 1131 E VINE ST KISSIMMEE, FL 34744 US	Mailing Address 1131 E VINE ST KISSIMMEE, FL 34744 US
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66014813



05202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3657250	<input type="checkbox"/> 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

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 _____ (NOTE: Registered Agent signature required when replacing) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WILLIAMS, WALKER
STREET ADDRESS	1820 KING JAMES ROAD
CITY-STATE-ZIP	KISSIMMEE, FL 34744
TITLE	DVPS
NAME	HARRELL, MICHAEL W
STREET ADDRESS	10 CAROLINA AVE.
CITY-STATE-ZIP	SAINT CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 title empowered.

SIGNATURE: *Michael W. Harrell* 6/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (leave blank)