2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111536

6916 14TH ST W

SARASOTA, FL 34231

Address:

City-St-Zip:

FILED Apr 23, 2004 Secretary of State

Entity Name: STERLING HEIGHTS R. V. PARK, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
39442 C. R ZEPHYRHI	:. 54 EAST ILLS, FL 33542					
Current Mailing Address:				New Mailing Address:		
39442 C. R ZEPHYRHI	:. 54 EAST ILLS, FL 33542					
FEI Number:	59-3645350	FEI Number Applied For ()	FEI Num	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CIALLELLA, CAROL 39442 CR 54 EAST 7				CIALLELLA, CAROL 39442 CR 54 EAST ZEPHYRHILLS, FL 33540 US		
ZEPHYRHILLS, FL 33540 US						
The above in the State		ubmits this statement for the po	urpose of	changing its registered	office or registered agent, or both,	
SIGNATURE:					04/23/2004	
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E BUTERA, ROBER 6916 14TH STRE BRADENTON, FL	ET WEST		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () E CIALLELLA, CAR 2414 PORTLAND SARASOTA, FL	STREET		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TRD () [FELTEN, MICHAI 2414 PORTLAND SARASOTA, FL	ST		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	S ()[Delete A		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CAROL CIALLELLA MS 04/23/2004