


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # S33099 1. Entity Name STERLING FIN. & MGMT, INC.	
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Principal Place of Business 2880 SCHERER DRIVE, SUITE 840 SAINT PETERSBURG, FL 33716 US	Mailing Address 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3053370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KALLICHE, ANTHONY % THE CONTINENTAL GROUP, LTD. 2950 N 28TH TERRACE HOLLYWOOD, FL 33020

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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOOPS, MARK S 2880 SCHERER DRIVE SUITE 840 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRUNIN, RICHARD 2950 N 28TH TERRACE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, STEVEN J 2950 N 28TH TERRACE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMBERG, GENE 2950 N 28TH TERRACE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, SCOTT 2950 N 28TH TERRACE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNICK, JAY A 2950 N 28TH TERRACE HOLLYWOOD, FL 33020

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02/11/04-80071-006 150.00

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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:  Steven J. Christensen, Treasurer 1/8/04 (954) 925-8200	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	