

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90030 011 ***150.00

DOCUMENT # S33099

1. Entity Name
STERLING FIN. & MGMT, INC.



Principal Place of Business
**2880 SCHERER DRIVE, SUITE 840
SAINT PETERSBURG, FL 33716 US**

Mailing Address
**2950 N 28 TERRACE
HOLLYWOOD, FL 33020 US**

40010000



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3053370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Christensen

2/8/05 (954) 925-8200
Date Daytime Phone #