

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90193 038 \*\*\*158.75

**DOCUMENT # S70433**

1. Entity Name  
**STEARNS FINANCIAL SERVICES GROUP, INC.**



Principal Place of Business      Mailing Address  
**324 W WENDOVER AVE**      **324 W WENDOVER AVE**  
**SUITE 204**      **SUITE 204**  
**GREENSBORO, NC 27408**      **US**      **GREENSBORO, NC 27408**      **US**

**40001613**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

01052006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3080009**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**EDWARDS, JOSEPH D ESQUIRE**  
**201 N FRANKLIN STREET**  
**SUITE 2100**  
**TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>STEARNS, DENNIS</b>
STREET ADDRESS	<b>324 W WENDOVER AVE SUITE 204</b>
CITY-ST-ZIP	<b>GREENSBORO, NC</b>
TITLE	V <input type="checkbox"/> Delete
NAME	<b>GIACOBBE, STEVEN</b>
STREET ADDRESS	<b>324 W WENDOVER AVE SUITE 204</b>
CITY-ST-ZIP	<b>GREENSBORO, NC</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARTHUR A. HERZOG III</b>
STREET ADDRESS	<b>324 W. WENDOVER AVE. SUITE 204</b>
CITY-ST-ZIP	<b>GREENSBORO, NC 27408</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Steven Jacobbe*      1/5/06      336-230-1811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #