


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90278 011 \*\*\*150.00

**DOCUMENT # P96000077852**  
 1. Entity Name  
**SEQUOIA CORPORATION**



Principal Place of Business      Mailing Address  
**6985 57TH STREET**      **6985 57TH STREET**  
**VERO BEACH FL 32967**      **VERO BEACH FL 32967**



2. Principal Place of Business      3. Mailing Address  
**PO Box 690386**      **PO Box 690386**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
**Vero Beach, FL**      **Vero Beach, FL**  
 Zip      Country      Zip      Country  
**32969-0386**      **USA**      **32969-0386**      **USA**

4. FEI Number      Applied For  
**65-0704031**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERAN, GLENN**  
**6985 57TH ST.**  
**VERO BEACH FL 32967**

7. Name and Address of New Registered Agent  
 Name      **Charles E. Garris**  
 Street Address (P.O. Box Number is Not Acceptable)  
**819 Beachland Blvd.**  
 City      **Vero Beach**      FL      Zip Code      **32963**

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 **3-14-06**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERAN, GLENN	
STREET ADDRESS	6985 57TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERAN, JEANNIE	
STREET ADDRESS	6985 57TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32967	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 690386	
STREET ADDRESS	Vero Beach, FL	
CITY-ST-ZIP	32969-0386	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 690386	
STREET ADDRESS	Vero Beach, FL	
CITY-ST-ZIP	32969-0386	
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 Section 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: \_\_\_\_\_ DATE **3/14/06** (772) 776-6424 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR