

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91060 030 ***158.75

DOCUMENT # P96000083700

1. Entity Name
SIERRA SALES, INC.



Principal Place of Business

**11252 108TH WAY
LARGO, FL 33778**

Mailing Address

**11252 108TH WAY
LARGO, FL 33778**

94082571



DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3440823

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MENDENHALL, AUDREY J
11252 108TH WAY NORTH
LARGO, FL 33778**

**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, 2004 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
NAME	MOREHOUSE, KAREN
STREET ADDRESS	8113 KINGSVIEW CT
CITY-ST-ZIP	SPRINGFIELD, VA 22152
TITLE	VP
NAME	MENDENHALL, KRISTOPHER
STREET ADDRESS	11252 108TH WAY
CITY-ST-ZIP	LARGO, FL 33778
TITLE	ST
NAME	MENDENHALL, AUDREY
STREET ADDRESS	11252 108TH WAY
CITY-ST-ZIP	LARGO, FL 33778
TITLE	D
NAME	MENDENHALL, KERRY
STREET ADDRESS	3324 OCEAN PINES
CITY-ST-ZIP	BERLIN, MD 21811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #