

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90030 018 ***150.00

DOCUMENT # 621355

1. Entity Name

HIGH SIERRA CORPORATION



Principal Place of Business

1920 S. OCEAN DR
1211
FORT LAUDERDALE FL 33316
US

Mailing Address

1920 S. OCEAN DR
1211
FORT LAUDERDALE FL 33316
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1908573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCUDDER, KENNETH R.
1920 S OCEAN DR
APT 1211
FORT LAUDERDALE FL 33316

Name C.A. SCUDDER, VP
Street Address (P.O. Box Number is Not Acceptable)
1920 S. Ocean Dr.
Apt #1211
City Ft. Lauderdale FL Zip Code 33316

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

CA Scudder, VP CA. Scudder, V.P.

12 Feb 04

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCUDDER, K	
STREET ADDRESS	1920 S OCEAN DR APT 1211	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SCUDDER, CAROL A.	
STREET ADDRESS	1920 S. OCEAN DRIVE, #1211	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KREIMEYER, JOHN K.	
STREET ADDRESS	1805 SHADYBROOK LANE	
CITY-ST-ZIP	CEDAR PARK TX 78613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KREIMEYER, ROBERT F., JR.	
STREET ADDRESS	3400 INVERNESS DR.	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	STVD	<input type="checkbox"/> Delete
NAME	SCULDER, CIK	
STREET ADDRESS	1920 S OCEAN DR APT 1211	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.K. SCUDDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CA. Scudder, VP CA. Scudder, V.P.

Date

Daytime Phone #

12 Feb 04 (954) 522-1222