2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 8:00 am **Secretary of State DOCUMENT # 621355** 1. Entity Name 01-31-2005 90056 021 ***150.00 HIGH SIERRA CORPORATION Principal Place of Business Mailing Address 1920 S. OCEAN DR 1920 S. OCEAN DR FORT LAUDERDALE FL 33316 FORT CAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address CA Scudder Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 70BOX 350035 Applied For City & State 4. FEI Number 59-1908573 Not Applicable Country US Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAROL A. SCUDDER, C.A. Street Address (P.O. Box Number is Not Acceptable) 1920 S OCEAN DR. APT. #1211 FORT LAUDERDALE FL 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD Delete TITLE Change ☐ Addition CAROL A SCUDDER SCUDDER, K MAME NAME 1920 S. Ocean Dr. Apt #1211 STREET ADDRESS 1920 S OCEAN DR APT 1211 STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP Ft. handerdale, FL 33316 CITY-ST-7IP **VSTD** Delete TITLE TITE F Debange ☐ Addition CAROLYN K, SEUDISER SCUDDER, CAROL A. NAME 1920 S. Ocean Dr. Apr #1211 STREET ADDRESS STREET ADDRESS 1920 S. OCEAN DRIVE, #1211 Ft. Landordale, FL 33316 FT. LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change 4 Addition MARCI, HIRSCH NAME NAME KREIMEYER, JOHN K. 1920 S. Ocean Dr, Apt # 1211 STREET ADDRESS STREET ADDRESS 1805 SHADYBROOK LANE CITY-ST-ZIP CEDAR PARK TX 78613 CITY-ST-ZIP Ft- Landerdale, FL 33316 Belete TITLE Change Addition KREIMEYER, ROBERT F., JR. NAME NAME 3400 INVERNESS DR. STREET ADDRESS STREET ADDRESS CHEVY CHASE MD 20815 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Belete TITLE ☐ Change ☐ Addition SCUDDER, C.K. NAME NAME 1920 S OCEAN DR., APT. 1211 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-7(P CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if CALLAL SCUBBER

Date

Date

Description 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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. I further certify that the information indicated on this 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, I further certify 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, I further and I served on the indicate of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I served on the indicate of the corporation or th