

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-03-2004 91016 016 \*\*\*150.00

DOCUMENT # F99000006196

1. Entity Name  
WEST PALM BEACH SIERRA, INC.



Principal Place of Business

5966 HEISLEY ROAD  
2ND FLOOR  
MENTOR, OH 44060 US

Mailing Address

5966 HEISLEY ROAD  
2ND FLOOR  
MENTOR, OH 44060 US

94081435



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1847599

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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	PCD
NAME	MCGRAW, KEITH A
STREET ADDRESS	409 BROAD STREET, SUITE 203
CITY - ST - ZIP	SEWICKLEY, PA 15143
TITLE	VD
NAME	BARRIS, RICHARD
STREET ADDRESS	26515 AMHEARST CIRCLE, APT. 302 10710 Green Brook V. 114
CITY - ST - ZIP	BEACHWOOD, OH 44122 Fort Worth, FL 33467 Ohio
TITLE	S
NAME	MCCAY, AUGUSTUS
STREET ADDRESS	1024 VICTORIA PLACE 3918 Chess Pawn Avenue
CITY - ST - ZIP	GIBSONIA, PA 15114 15144
TITLE	VTD
NAME	LAPORT, MARK G
STREET ADDRESS	5966 HEISLEY ROAD 8601 Six Forks Road
CITY - ST - ZIP	MENTOR, OH 44060 Forum I, Suite 510
	Raleigh, NC 27605
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(919) 455-2828

Daytime Phone #