

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90087 028 ***150.00

DOCUMENT # L03452

1. Entity Name
ZERO-ONE-SIERRA, INC.



Principal Place of Business % ROBERT J. NORTON 126 E. OLYMPIA, #408 PUNTA GORDA, FL 33952 US	Mailing Address % ROBERT J. NORTON 126 E. OLYMPIA, #408 PUNTA GORDA, FL 33952 US
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50005373



2. Principal Place of Business 1625 W. Marion Ave. Suite, Apt. #, etc. Suite 14-A City & State Punta Gorda, FL Zip 33950 Country USA	3. Mailing Address 1625 W. Marion Ave. Suite, Apt. #, etc. Suite 14-A City & State Punta Gorda, FL Zip 33950 Country USA
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01192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0747451	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORTON, ROBERT J.
126 E. OLYMPIA
STE. 408
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name **Robert J. Norton**
Street Address (P.O. Box Number is Not Acceptable)
1625 W. Marion Ave, Suite 14-A
City **Punta Gorda** **FL** Zip Code **33950**

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 **Robert J. Norton** **1/19/05**
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTON, ROBERT J. 4589 COLLEEN ST PORT CHARLOTTE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NORTON, ROBERT J., II 2515 WEST PALM DR TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and all other like empowered.

SIGNATURE: **Robert J. Norton** **1/19/05** **941-639-0811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #