## 2005 FOR PROFIT CORPORATION

## Jan 11, 2005 08:00 AM **Secretary of State DOCUMENT # P00000076647** 1. Entity Name THE SIERRA CORP. Principal Place of Business Mailing Address POST OFFICE BOX 188 TIMBER VILLAGE MOBILE HOME PARK WORGHINGTON SPRINGS, FL 32697 WORTHINGTON SPRINGS, FL 32697 CR2E034 (10/03) 01062005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3666008 Not Applicable \$8.75 Additional 5. Certificate of Status DesIred Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SOUTHWEST 22 STREET 4TH FL IN THIS SPACE MIAMI, FL 33145 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 fille if applicable (NOTE, Registered Agent signature required when roinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE RIMES, JOHN D III NAME TIMBER VILLAGE MOBILE HOME PARK STREET ADDRESS CITY-ST-ZIP WORTHINGTON SPRINGS, FL 32697 \_\_\_U00000177423 01/11/05-80040-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY ST-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED