

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000093868

**1. Entity Name
HIGH SIERRA PROPERTIES, INC.**



Principal Place of Business

**11865 N TRAIL AVE
TAMPA, FL 33617**

Mailing Address

**11865 N TRAIL AVE
TAMPA, FL 33617**

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3673354

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAFFORD, S.L.
15951 N. FLORIDA AVE.
LUTZ, FL 33549**

**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 reconstituting)

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**

**000000084848
03/11/04-80024-008 150.00**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME COOK, CHARLES E
STREET ADDRESS 11865 NORTH TRAIL AVE.
CITY-ST-ZIP TAMPA, FL 33617**

**TITLE D
NAME COOK, GINGER L
STREET ADDRESS 11865 NORTH TRAIL AVE.
CITY-ST-ZIP TAMPA, FL 33617**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
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:

[Handwritten Signature: Charles E. Cook]

[Handwritten Signature: GINGER L. COOK]

[Handwritten Date: 3/7/04]

[Handwritten Phone: 813-988-8138]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #