2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000047617

1. Entity Name
SIERRA CONTRACTORS, INC.

Principal Place of Business	Mailing Address
3511 PLOVER AVE STE 107 NAPLES, FL 34117	3511 PLOVER AVE STE 107 NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1794645
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLNY, LARRY A
3511 PLOVER AVE STE 107
NAPLES, FL 34117

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000791263
01/23/08-80068-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOLNY, LARRY A
STREET ADDRESS	3511 PLOVER AVE STE 107
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	VP
NAME	WOLNY, RUSTI
STREET ADDRESS	3511 PLOVER AVE STE 107
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	T
NAME	WOLNY, LARRY
STREET ADDRESS	3511 PLOVER AVE STE 107
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	S
NAME	WOLNY, RUSTI
STREET ADDRESS	3511 PLOVERAVE STE 107
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Larry Wolny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #