

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90029 002 \*\*\*150.00

**DOCUMENT # P03000049749**

1. Entity Name

**SIERACKI-RECOR, INC.**



Principal Place of Business

**114 CARILLON MARKET STREET  
CARILLON BEACH FL 32413**

Mailing Address

**139 BONAIRE DR  
PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**11-3687183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMEY, RUSSELL K  
1042 JENKS AVENUE  
PANAMA CITY FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | P                          | <input checked="" type="checkbox"/> Delete |
| NAME           | RECOR, SARAH               |  |
| STREET ADDRESS | 139 BONAIRE DR             |  |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32413 |  |
| TITLE          | V                          | <input checked="" type="checkbox"/> Delete |
| NAME           | RECOR, KEITH               |  |
| STREET ADDRESS | 139 BONAIRE DR             |  |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32413 |  |
| TITLE          | T                          | <input checked="" type="checkbox"/> Delete |
| NAME           | IVERSON, CHRISTIAN         |  |
| STREET ADDRESS | 22605 HILLTOP AVE          |  |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32413 |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

|                |                             |   |
|----------------|-----------------------------|---|
| TITLE          | P                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Recor, Keith                |   |
| STREET ADDRESS | 139 Bonaire DR              |   |
| CITY-ST-ZIP    | Panama city Beach, FL 32413 |   |
| TITLE          | V                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Iverson, Christian          |   |
| STREET ADDRESS | 22605 Hilltop Ave           |   |
| CITY-ST-ZIP    | Panama City Beach, FL 32413 |   |
| TITLE          | T                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Recor, Sarah                |   |
| STREET ADDRESS | 139 Bonaire DR              |   |
| CITY-ST-ZIP    | Panama City Beach, FL 32413 |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-ST-ZIP    |                             |   |

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:

*Christian Iverson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Christian Iverson 1/26/05 (850) 258-7099*  
Date Daytime Phone #