

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000083543

1. Entity Name

SIERRA MARKETING, INC.



Principal Place of Business

2639 N. RIVERSIDE DR., SUITE 1002
HILLSBORO SHORES FL 33062

Mailing Address

2639 N. RIVERSIDE DR., SUITE 1002
HILLSBORO SHORES FL 33062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0457063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, WILLIAM
4400 N. FEDERAL HWY SUITE 160
SUITE 102
BOCA RATON FL 33431

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PSTD	MATHIESON, ALEXANDER B	2639 N. RIVERSIDE DR., SUITE 1002	HILLSBORO SHORES FL 33062	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Add
		0010001446270	03/08/06-80007-009 150.00	☐	☐
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-ST-ZIP	☐ Change	☐ Add
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-ST-ZIP	☐ Change	☐ Add
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-ST-ZIP	☐ Change	☐ Add
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-ST-ZIP	☐ Change	☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Mathieson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #