## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 25, 2004 8:00 am Secretary of State DOCUMENT # G09061 1. Entity Name 02-25-2004 90028 034 \*\*\*150 00 TERRAIN DEVELOPERS CORPORATION Principal Place of Business Mailing Address % PHILLIP GUETTLER-4401 WHITEWAY DAIRY ROAD ROOM 3 FORT PIERCE FL 34947-4407 P.O. BOX 1987 U4U11217 FORT PIERCE FL 34954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2278598 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUETTLER, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 4401 A WHITEWAY DAIRY ROAD FORT PIERCE FL 33450 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE ☐ Addition ☐ Delete GUETTLER, PHILLIP NAME NAME STREET ADDRESS 4401 A WHITEWAY DAIRY ROAD STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL CITY-ST-ZIP ☐ Delete Vice President M Addition TITLE TITLE ☐ Change NAME MAME Ben Guettler STREET ADDRESS STREET ADDRESS 4401 Whiteway Dairy Road CITY-ST-ZIP CITY-ST-ZIF Fort Pierce, FL 34947 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE: MA Phillip Guettler

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