

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 016 ***150.00

DOCUMENT # L28282 1. Entity Name TERRAMAR AGENCY, INC.					
Principal Place of Business % CARIDAD E. LEE 412 NE 16TH AVE, SUITE 130 GAINESVILLE, FL 32601			Mailing Address % CARIDAD E. LEE 412 NE 16TH AVE, SUITE 130 GAINESVILLE, FL 32601		
2. Principal Place of Business 4127 NW 27th Ln. Suite, Apt. #, etc. Suite A			3. Mailing Address PO Box 357845 Suite, Apt. #, etc.		
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 59-2974478	
Zip 32606		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, CARIDAD E. 412 NE 16TH AVE SUITE 130 GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name Caridad E. Lee Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City Gainesville FL Zip Code 32606		
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 Caridad E. Lee Caridad E. Lee DATE 1/28/04 Signature, typed or printed name of registered agent and title's applicable. (NOTE: Registered Agent signature required when reinstating)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LEE, CARIDAD E. 412 NE 16TH AVE, #130 GAINESVILLE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Caridad E. Lee 4127 NW 27th Ln, Suite A Gainesville FL 32606
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
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: Caridad E. Lee Caridad E. Lee DATE 1/28/04 DAYTIME PHONE # 352-334-1976 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					