


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS


04 FEB 17 PM 4:54

DOCUMENT # P0000055713 1. Entity Name TERRE BONNE INVESTMENTS, INC.	
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Principal Place of Business 7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32930	Mailing Address 7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32930
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 59-3656896	Applied For <input type="checkbox"/> Not Applicable
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01302004 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named _____ submit 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 / 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD HESSEE, CRAIG S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7980 N ATLANTIC AVE		NAME		
STREET ADDRESS	CAPE CANAVERAL, FL 32920		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD LASCALA, FRED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2155 ROYAL OAKS DRIVE		NAME		
STREET ADDRESS	ROCKLEDGE, FL 32955		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	STD HESSEE, MARY ANN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2155 ROYAL OAKS DRIVE		NAME		
STREET ADDRESS	ROCKLEDGE, FL 32955		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

000029964780
03/05/04--01067--020 **150.00

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: C. J. H. HESSEE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____