

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90046 046 ***150.00

DOCUMENT # P99000034922

1. Entity Name
TERRA DOC PREP, INC.



Principal Place of Business
6003 NW 31 AVE
FT LAUDERDALE, FL 33309

Mailing Address
6003 NW 31 AVE
FT LAUDERDALE, FL 33309



2. Principal Place of Business
Suite 101
Suite, Apt. #, etc.
6565 Taft St.

3. Mailing Address
Suite 101
Suite, Apt. #, etc.
6565 Taft St.

03042004 Chg-P CR2E034 (10/03)

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33024

Country
Broward

Zip
33024

Country
Broward

4. FEI Number
65-0911563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, B.J.
6565 TAFT ST, #102
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLS, RALPH B III	
STREET ADDRESS	8165 NW 47 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGEL, BARBARA	
STREET ADDRESS	2805 MORNING GLORY LANE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILLS, DANEEN	
STREET ADDRESS	8165 NW 47 DR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Apt 115	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9121 Sunrise Lakes Blvd.	
STREET ADDRESS	Sunrise, Fl 33322	
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		
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 empowerers.

SIGNATURE: *Ralph B. Mills III* **Ralph B. Mills III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-5-04 963 4740