

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 490543

1. Entity Name
TRITERRA REALTY, INC.



Principal Place of Business
2522 SE WILLOUGHLY BLVD
STUART, FL 34994

Mailing Address
2522 SE WILLOUGHLY BLVD
STUART, FL 34994



07312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1636120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDELL, ROBERT C
7362 LAKE WORTH ROAD
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	MANDELL, ROBERT C.
STREET ADDRESS	7362 LAKE WORTH ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467,

TITLE	VP
NAME	MUELLER, LAWRENCE D.
STREET ADDRESS	7362 LAKE WORTH ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467,

TITLE	PCM
NAME	MANDELL, ESTHER
STREET ADDRESS	7362 LAKE WORTH ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000772019
08/14/07-80001-009 550.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #