


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90029 046 \*\*\*150.00

|   |                                     |                     |   |  |  |
|---|-------------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # 525310</b><br>1. Entity Name<br><b>TERRESTRIAL AND WATERFRONT DEVELOPMENT CORPORATION, INC.</b>   |                                     |                     |   |   |  |
| Principal Place of Business<br><b>OAK STREET<br/>P.O. BOX 129<br/>BAGDAD FL 32530</b>   |                                     |                     | Mailing Address<br><b>OAK STREET<br/>P.O. BOX 129<br/>BAGDAD FL 32530</b>   |  |  |
| 2. Principal Place of Business  |                                     | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc. |   |  |  |
| City & State  |                                     | City & State        |   |  |  |
| Zip   | Country                             | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                                     |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>TAYLOR, MARJORIE M<br/>OAK STREET<br/>BAGDAD FL 32530</b>  |                                     |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                     |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                     |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |                                     |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | D <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | TAYLOR, TOMMY F                     |                     | NAME  |  |  |
| STREET ADDRESS  | OAK STREET                          |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | BAGDAD FL                           |                     | CITY-ST-ZIP   |  |  |
| TITLE   | TSD <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | TAYLOR, MARJORIE M                  |                     | NAME  |  |  |
| STREET ADDRESS  | OAK STREET                          |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | BAGDAD FL                           |                     | CITY-ST-ZIP   |  |  |
| TITLE   | PD <input type="checkbox"/> Delete  |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | WELLS, EDWIN L                      |                     | NAME  |  |  |
| STREET ADDRESS  | RT 1 BOX 474                        |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | GULF BREEZE FL                      |                     | 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   |  |  |
| 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. |                                     |                     |   |  |  |
| <b>SIGNATURE:</b> <i>Edwin L Wells</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                     |                     | Date <i>4/12/04</i> Daytime Phone # <i>850-939-2660</i>   |  |  |