FILED
Aug 08, 2005 8:00 am
Secretary of State
07-05-2005 90223 044 ***150.00
08-08-2005 90049 023 ***400.00

7

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50060528

DOCUMENT # 525310

1. Entity Name
TERRESTRIAL AND WATERFRONT DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
OAK STREET P.O. BOX 129 BAGDAD, FL 32530	OAK STREET P.O. BOX 129 BAGDAD, FL 32530

06282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1719774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, MARJORIE M OAK STREET BAGDAD, FL 32530	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, TOMMY F OAK STREET BAGDAD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tommy F Taylor P.O. Box 195 Bagdad FL 32530 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD TAYLOR, MARJORIE M OAK STREET BAGDAD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marjorie M Taylor Butler P.O. Box 195 Bagdad, FL 32530 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WELLS, EDWIN L RT 1 BOX 474 GULF BREEZE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edwin L Wells 2829 Hwy 87 Navarre, FL 32566 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Edwin L Wells Pres. 6/28/05 850 434-7719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marjorie M Taylor