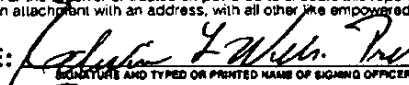
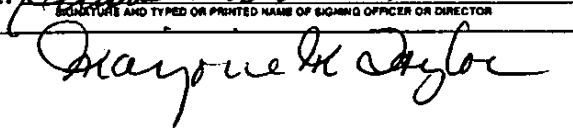


FILED
Aug 08, 2005 8:00 am
Secretary of State

07-05-2005 90223 044 ***150.00
08-08-2005 90049 023 ***400.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 525310			
1. Entity Name TERRESTRIAL AND WATERFRONT DEVELOPMENT CORPORATION, INC.			
Principal Place of Business OAK STREET P.O. BOX 129 BAGDAD, FL 32530		Mailing Address OAK STREET P.O. BOX 129 BAGDAD, FL 32530	
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 TAYLOR, MARJORIE M OAK STREET BAGDAD, FL 32530		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 reappointing) DATE _____			
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 ☒ Change ☐ Addition P.O. Box 195 Bagdad, FL 32530
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 ☒ Change ☐ Addition P.O. Box 195 Bagdad, FL 32530
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 ☒ Change ☐ Addition 2829 Hwy 97 Navarre, FL 32566
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 shareholder 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: 		Date: 6/28/05 850 434-7719	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Marjorie M Taylor			