

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000006328	
1. Entity Name TERRA RENEWAL SERVICES, INC.	

Principal Place of Business ROUTE 1 BOX 55C DARDANELLE, AR 72834	Mailing Address PO BOX 150 DARDANELLE, AR 72834
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0774612	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D SMITH, STEVEN W ROUTE 1 BOX 55C DARDANELLE, AR 72834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D THONE, RICK ROUTE 1 BOX 55C DARDANELLE, AR 72834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNEILL, ANDY ROUTE 1 BOX 55C DARDANELLE, AR 72834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JAMES B 633 CHESTNUT SUITE 1640 CHATTANOOGA, TN 37450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKSHIRE, MIKE D 633 CHESTNUT SUITE 1640 CHATTANOOGA, TN 37450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTWAY, PATTEN G H 633 CHESTNUT SUITE 1640 CHATTANOOGA, TN 37450

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01/14/04-80008-012 150.00

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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: Steven W Smith, pres. 1/5/04 479-229-3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #