## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # F01000006328** 01-25-2005 90055 047 \*\*\*150.00 1. Entity Name TERRA RENEWAL SERVICES, INC. Principal Place of Business Mailing Address **ROUTE 1 BOX 55C** PO BOX 150 DARDANELLE, AR 72834 DARDANELLE, AR 72834 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 71-0774612 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) -1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change ☐ Addition TOTAL ☐ Detete TITLE SMITH, STEVEN W NAME NAME STREET ADDRESS **ROUTE 1 BOX 55C** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DARDANELLE, AR 72834 V D ☐ Delete ☐ Change ☐ Addition TITLE TITLE THONE, RICK NAME NAME STREET ADDRESS **ROUTE 1 BOX 55C** STREET ADDRESS CITY-ST-7IP DARDANELLE, AR 72834 CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME MCNEILL, ANDY NAME STREET ADDRESS ROUTE 1'BOX 55C STREET ADDRESS CITY-ST-ZIP DARDANELLE, AR 72834 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME BAKER, JAMES B NAME **633 CHESTNUT SUITE 1640** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHATTANOOGA, TN 37450 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BROOKSHIRE, MIKE D NAME NAME STREET ADDRESS STREET ADDRESS 633 CHESTNUT SUITE 1640 CHATTANOOGA, TN 37450 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change PETTWAY, PATTEN G H NAME NAME STREET ADDRESS **633 CHESTNUT SUITE 1640** STREET ADDRESS CHATTANOOGA, TN 37450 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 any address with all other like empowered. **SIGNATURE:**

FILED

Jan 25, 2005 8:00 am