


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90038 006 \*\*\*150.00

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

Principal Place of Business 201 SOUTH DENVER AVENUE 2ND FLOOR RUSSELLVILLE, AR 72801	Mailing Address PO BOX 3036 RUSSELLVILLE, AR 72811
---	--



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0774612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_

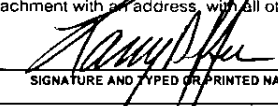
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, STEVEN W 201 SOUTH DENVER 2ND FLOOR RUSSELLVILLE, AR 72801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D BRACKELSBURG, PHIL 201 SOUTH DENVER, 2ND FLOOR RUSSELLVILLE, AR 72801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D MCNEILL, ANDY 201 SOUTH DENVER, 2ND FLOOR RUSSELLVILLE, AR 72801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PFEIFER, LARRY 201 S DENVER, 2ND FLOOR RUSSELLVILLE, AR 72801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 2-13-08 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR