


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

|                                      |   |
|--------------------------------------|---|
| <b>DOCUMENT # F42598</b>             |  |
| 1. Entity Name<br><b>TERCO, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>2223 TRADE CENTER WAY<br/>NAPLES, FL 34109</b> | Mailing Address<br><b>2223 TRADE CENTER WAY<br/>NAPLES, FL 34109</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2155606</b>                        | Applies For<br><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<br><br><b>HUBSCHAMN, HARRISON<br/>6855 OLD BANYAN WAY<br/>NAPLES, FL 34109</b> |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HUBSCHAMN, SAMUEL<br>2140 HAWKS RIDGE DRIVE #1703<br>NAPLES, FL 34105 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BEYRENT, TERYL<br>5147 SEAHORSE AVE.<br>NAPLES, FL                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>HUBSCHMAN, HARRISON<br>6855 OLD BANYAN WAY<br>NAPLES, FL 34109       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HUBSCHMAN, CONNIE<br>50 DOLPHIN CIRCLE<br>NAPLES, FL 00000,           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HUBSCHAMN, ALBERT<br>525 SOLL STREET<br>NAPLES, FL 34109              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: HARRISON HUBSCHMAN 3/11/04 239-566-2780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #