


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**


04-13-2005 90040 011 \*\*\*150.00

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

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

**DO NOT WRITE IN THIS SPACE**

**00031328**



04032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2155606</b>	Applied For 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

**HUBSCHAMN, HARRISON**  
~~6855 OLD BANYAN WAY~~ **101 CARICA ROAD**  
**NAPLES, FL 34109** **NAPLES, FL 34108**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS:

TITLE <b>PD</b>	<b>HUBSCHAMN, SAMUEL</b>
STREET ADDRESS <b>2140 HAWKS RIDGE DRIVE #1703</b>	
CITY-ST-ZIP <b>NAPLES, FL 34105</b>	
TITLE <b>SD</b>	<b>BEYRENT, TERYL</b>
STREET ADDRESS <b>5147 SEAHORSE AVE.</b>	
CITY-ST-ZIP <b>NAPLES, FL</b>	
TITLE <b>VTD</b>	<b>HUBSCHMAN, HARRISON</b>
STREET ADDRESS <del>6855 OLD BANYAN WAY</del> <b>101 CARICA ROAD</b>	
CITY-ST-ZIP <del>NAPLES, FL 34109</del> <b>NAPLES, FL 34108</b>	
TITLE <b>VD</b>	<b>HUBSCHMAN, CONNIE</b>
STREET ADDRESS <b>50 DOLPHIN CIRCLE</b>	
CITY-ST-ZIP <b>NAPLES, FL 00000,</b>	
TITLE <b>VD</b>	<b>HUBSCHAMN, ALBERT</b>
STREET ADDRESS <b>525 SOLL STREET</b>	
CITY-ST-ZIP <b>NAPLES, FL 34109</b>	
TITLE <b>NAME</b>	
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 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:**  **4/5/05 239-566-2780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**HARRISON HUBSCHMAN**