


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90081 027 \*\*\*150.00

<b>DOCUMENT # F42598</b> 1. Entity Name TERCO, INC.					
Principal Place of Business 2223 TRADE CENTER WAY NAPLES, FL 34109			Mailing Address 2223 TRADE CENTER WAY NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2155606	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  HUBSCHAMN, HARRISON 101 CARILA RD NAPLES, FL 34108			7. Name and Address of New Registered Agent Name <u>HUBSCHMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>101 CARILA ROAD</u> City <u>FL</u> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBSCHAMN, SAMUEL 2140 HAWKS RIDGE DRIVE #1703 NAPLES, FL 34105	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUBSCHMAN  <input type="checkbox"/> Change <input type="checkbox"/> Addition ✓ CORRECT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEYRENT, TERYL 5147 SEAHORSE AVE. NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRZESKI, TERYL SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUBSCHMAN, HARRISON 101 CARILA RD NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 CARILA ROAD <input type="checkbox"/> Change <input type="checkbox"/> Addition ✓ CORRECT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUBSCHMAN, CONNIE 50 DOLPHIN CIRCLE NAPLES, FL 00000	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUBSCHAMN, ALBERT 525 SOLL STREET NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUBSCHMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition ✓ CORRECT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ HARRISON HUBSCHMAN		2/23/07		239-566-2780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	