

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # G09061**

1. Entity Name

TERRAIN DEVELOPERS CORPORATION



Principal Place of Business

Mailing Address

% PHILLIP GUETTLER  
4401 WHITEWAY DAIRY ROAD ROOM 3  
FORT PIERCE FL 34947-4407

P.O. BOX 1987  
FORT PIERCE FL 34954



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2278598**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUETTLER, PHILLIP  
4401 A WHITEWAY DAIRY ROAD  
FORT PIERCE FL 33450

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GUETTLER, PHILLIP  
STREET ADDRESS 4401 A WHITEWAY DAIRY ROAD  
CITY-ST-ZIP FORT PIERCE FL ☐ Delete

TITLE NAME  
NAME 000000696405 ☐ Change ☐ Addition  
STREET ADDRESS 04/17/07-80099-018 150.00  
CITY-ST-ZIP ☐ Delete

TITLE V  
NAME GUETTLER, BEN  
STREET ADDRESS 4401 WHITEWAY DAIRY RD  
CITY-ST-ZIP FORT PIERCE FL 34947 ☐ Delete

TITLE NAME  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP

TITLE NAME  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Phillip Guetler, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

772-461-2516

Date

Daytime Phone