


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90090 046 \*\*\*158.75

<b>DOCUMENT # G43100</b> 1. Entity Name <b>TERNES COMPANY, INC.</b>					
Principal Place of Business <b>3113 FLORIDA BLVD. DELRAY BEACH, FL 33483</b>			Mailing Address <b>3113 FLORIDA BLVD. DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business <b>71 LAREDO LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>71 LAREDO LANE</b> Suite, Apt. #, etc.			
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>		4. FEI Number <b>59-2386743</b>	
Zip <b>33487</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TERNES JEAN JACQUES 3113 FLORIDA BOULEVARD DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>71 LAREDO LANE</b> City <b>BOCA RATON FL</b> Zip Code <b>33487</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <b>PST</b>	NAME <b>TERNES, JEAN JACQUES</b>		TITLE <b>PST</b>	NAME <b>TERNES JEAN-JACQUES</b>	
STREET ADDRESS <b>3113 FLORIDA BLVD.</b>	CITY-ST-ZIP <b>DELRAY BEACH, FL</b>		STREET ADDRESS <b>71 LAREDO LANE</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33487</b>	
TITLE <b>D</b>	NAME <b>TERNES, FRANCOIS</b>		TITLE <b>D</b>	NAME <b>TERNES FRANCOIS</b>	
STREET ADDRESS <b>3113 FLORIDA BLVD.</b>	CITY-ST-ZIP <b>DELRAY BEACH, FL</b>		STREET ADDRESS <b>71 LAREDO LANE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
TITLE <b>DVP</b>	NAME <b>TERNES, BARBARA</b>		TITLE <b>DVP</b>	NAME <b>TERNES BARBARA</b>	
STREET ADDRESS <b>3113 FLORIDA BLVD.</b>	CITY-ST-ZIP <b>DELRAY BEACH, FL</b>		STREET ADDRESS <b>71 LAREDO LANE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33487</b>	
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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.					
<b>SIGNATURE:</b> _____			<b>J J TERNES</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>04/18/04</b> Daytime Phone # <b>(561) 988 5464</b>		