

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90105 003 ***158.75

DOCUMENT # J17722 1. Entity Name TERRA-CON CONSTRUCTION, INC.			
Principal Place of Business 225 CITRUS TRAIL BOYNTON BCH., FL 33436		Mailing Address 225 CITRUS TRAIL BOYNTON BCH., FL 33436	
2. Principal Place of Business - No P.O. Box # 13313 BRYAN ROAD Suite, Apt. #, etc. HOMIE City & State LOXAHATCHEE GROVES FLA.		3. Mailing Address 13313 BRYAN ROAD Suite, Apt. #, etc. HOMIE City & State LOXAHATCHEE GROVES FLA.	
Zip 33470		Country FLA. BCH.	
4. FEI Number 59-2700545		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHE ROBERT D 225 CITRUS TRAIL CHANGE BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name ROCHE ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 13313 BRYAN ROAD LOXAHATCHEE GROVES FLA. City FL Zip Code (33470)	
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 ROBERT D. ROCHE PRESIDENT 1/9/08 <small>(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when renewing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ROCHE, ROBERT D. <input type="checkbox"/> Delete STREET ADDRESS 225 CITRUS TRAIL CITY-ST-ZIP BOYNTON BEACH, FL 33436	TITLE P.D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME ROCHE ROBERT D STREET ADDRESS 13313 BRYAN ROAD CITY-ST-ZIP LOXAHATCHEE FLA. (33470)	TITLE S <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME ROCHE LYNN S. STREET ADDRESS 13313 BRYAN ROAD CITY-ST-ZIP LOXAHATCHEE FLA. (33470)	
TITLE VD <input type="checkbox"/> Delete NAME GUZIEJKA, RONALD STREET ADDRESS 14380 WITHER CLOSE CITY-ST-ZIP WELLINGTON, FL 33414	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME ← SAME ADDRESS STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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. SIGNATURE: ROBERT D. ROCHE (PRES) 1/9/08 704-6015 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			