

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J18246

1. Entity Name
TERRACOM DEVELOPMENT, INC.



Principal Place of Business
18606 AVENUE CAPRI
LUTZ, FL 33558 US

Mailing Address
18606 AVENUE CAPRI
LUTZ, FL 33558 US



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2678303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SABOW, ROBERT J
18606 AVE CAPRI
LUTZ, FL 33558

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

U000000780756
01/15/08-80007-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SABOW, ROBERT J.
STREET ADDRESS	18606 AVE CAPRI
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	SABOW, ROBERT J.
STREET ADDRESS	18606 AVE CAPRI
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	PVST
NAME	SABOW, ROBERT J
STREET ADDRESS	18606 AVE CAPRI
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT J. SABOW, PST 1/10/08 (352) 835-9892