


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90575 030 \*\*\*150.00

<b>DOCUMENT # J38342</b>	
1. Entity Name TERRACO, INCORPORATED	

Principal Place of Business 1854 TRADE CENTER WAY SUITE 200 NAPLES, FL: 34109 US	Mailing Address 1854 TRADE CENTER WAY SUITE 200 NAPLES, FL 34109 US
---	--

20036821



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2729742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
DICICCO, ROBERT ALLEN 209 RIDGE DRIVE NAPLES, FL 34108	Name: DiCicco, Robert Allen Street Address (P.O. Box Number is Not Acceptable): 1854 Trade Center Way Suite 200 City: Naples FL Zip Code: 34109

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>	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: PS NAME: DICICCO, ROBERT A. STREET ADDRESS: 280 WEST STREET CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE: PS NAME: DiCicco, Robert A. STREET ADDRESS: 1854 Trade Center Way #200 CITY-ST-ZIP: Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: DICICCO, CHRISTOPHER STREET ADDRESS: 644 HICKORY RD CITY-ST-ZIP: NAPLES, FL	<input type="checkbox"/> Delete	TITLE: VT NAME: DiCicco, Christopher STREET ADDRESS: 1854 Trade Center Way #200 CITY-ST-ZIP: Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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: _____	<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: _____	<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 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.

SIGNATURE: Robert A. DiCicco Date: 4/18/05 (239) Daytime Phone #: 566-3132

Robert A. DiCicco