

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90018 024 \*\*\*150.00



DOCUMENT # L41789  
 1. Entity Name  
**FLORIDA TERRA FIRMA CORPORATION**

Principal Place of Business Mailing Address  
 % RICHARD R. SIGNORE % RICHARD R. SIGNORE  
 3055 GENOA LANE 3055 GENOA LANE  
 JUPITER FL 33477 JUPITER FL 33477

50012127



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address  
*RICHARD R. SIGNORE RICHARD R. SIGNORE*

Suite, Apt. #, etc. Suite, Apt. #, etc.  
*931 MAGDALENA RD. 931 MAGDALENA RD.*

City & State City & State  
*PALM BEACH GARDENS, FL. PALM BEACH GARDENS, FL.*

Zip Country Zip Country  
*33410 USA 33410 USA*

4. FEI Number 65-0172493 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SIGNORE, RICHARD R.  
 3055 GENOA LANE  
 JUPITER FL 33477

7. Name and Address of New Registered Agent  
 Name *SIGNORE, RICHARD R.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*931 MAGDALENA RD.*  
 City *PALM BEACH GARDENS, FL* Zip Code *33410*

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 *Richard R. Signore, President* DATE *2/2/05*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

(NOTE: Registered Agent signature required when reinstating)

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIGNORE, RICHARD R.<br>3055 GENOA LANE<br>JUPITER FL <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIGNORE, JOYCE M.<br>3055 GENOA LANE<br>JUPITER FL <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOVRICH, LYNNE M.<br>1080 NOTT RD.<br>GUILDERLAND NY 12084 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIGNORE, LESLIE A<br>26A PRINCE COURT<br>LOUDONVILLE NY 12211 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIGNORE, MICHAEL R<br>26B PRINCE COURT<br>LOUDONVILLE NY 12211 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>DIPI</i><br>SIGNORE, RICHARD R.<br>931 MAGDALENA RD<br>PALM BEACH GARDENS, FL. 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>DIV</i><br>SIGNORE, JOYCE M.<br>931 MAGDALENA RD.<br>PALM BEACH GARDENS, FL. 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Richard R. Signore, Pres.* *RICHARD R. SIGNORE* DATE *2/2/05* DAYTIME PHONE # *561-799-1907*