

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L90667	
1. Entity Name JOHN A TERRANOVA D.C. P.A.	
Principal Place of Business 6427 LAKE WORTH ROAD LAKE WORTH, FL 33463 US	Mailing Address 13882 COLUMBINE AVENUE WELLINGTON, FL 33414 US
DO NOT WRITE IN THIS SPACE	



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3023489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional	

6. Name and Address of Current Registered Agent TERRANOVA, JOHN A. 6427 LAKE WORTH ROAD LAKE WORTH, FL 33463		DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TERRANOVA, JOHN A. 6427 LAKE WORTH ROAD LAKE WORTH, FL 33463
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02/16/04 - 80017-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John A. Terranova 2/10/04 (561) 748-3809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #