

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013956

Entity Name: TERRASPORT, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

4540 FERNWAY DR.  
NORTH PORT, FL 342882390 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 380219  
MURDOCK, FL 33938

## New Mailing Address:

PO BOX 380219  
MURDOCK, FL 339380219 US

FEI Number: 65-0989053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SANDERS, SANDRA PA  
203 W OAK ST  
ARCADIA, FL 34266 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CST ( ) Delete  
Name: SHAFER-MCBRIDE, JENNIFER L  
Address: 2560 COMMERCE PKWY, UNIT 2  
City-St-Zip: NORTH PORT, FL 34289 US

Title: DP ( ) Delete  
Name: DOHERTY, KENNETH W  
Address: 2560 COMMERCE PKWY, UNIT 2  
City-St-Zip: NORTH PORT, FL 34289 US

Title: DV ( ) Delete  
Name: MCBRIDE, SR., WILLIAM J  
Address: 2560 COMMERCE PKWY, UNIT 2  
City-St-Zip: NORTH PORT, FL 34289 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CST (X) Change ( ) Addition  
Name: SHAFER-MCBRIDE, JENNIFER L  
Address: 4540 FERNWAY DRIVE  
City-St-Zip: NORTH PORT, FL 342882390 US

Title: DP (X) Change ( ) Addition  
Name: DOHERTY, KENNETH W  
Address: 4540 FERNWAY DRIVE  
City-St-Zip: NORTH PORT, FL 342882390 US

Title: DV (X) Change ( ) Addition  
Name: MCBRIDE, SR., WILLIAM J  
Address: 4540 FERNWAY DRIVE  
City-St-Zip: NORTH PORT, FL 342882390 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SHAFER-MCBRIDE

CST

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date