FILED
May 02, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000056517

1. Entity Name
TERANN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
491 WEST INDIES RAMROD KEY, FL 33042	PO BOX 316 SUMMERLAND KEY, FL 33042

U00000357358
05/04/05-80070-025 150.00

04262005 No Chg-* CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1017666

Applied For
Not Applicable

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

WOLFE, JOHN J
2955 OVERSEAS HWY
MARATHON, FL 33050

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6. 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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	OLSEN, TERRY L
STREET ADDRESS	PO BOX 316
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ April 29, 2005 305-395-3316
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #