

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90254 020 \*\*\*150.00

DOCUMENT # P01000039894

1. Entity Name  
TERREMAR ENTERPRISES, INC.



Principal Place of Business

~~31 WINDING CREEK WAY~~ 26 Magnolia Circle  
ORMOND BEACH, FL 32174

Mailing Address

~~31 WINDING CREEK WAY~~ 26 Magnolia Circle  
ORMOND BEACH, FL 32174



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3721690

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KEELEY, MARY E  
~~31 WINDING CREEK WAY~~ 26 Magnolia Circle  
ORMOND BEACH, FL 32174

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME KEELEY, TERRENCE E  
STREET ADDRESS ~~31 WINDING CREEK WAY~~ 26 Magnolia Circle  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D  
NAME KEELEY, MARY E  
STREET ADDRESS ~~31 WINDING CREEK WAY~~ 26 Magnolia Circle  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05 386-290-4702  
Date Daytime Phone #