

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 049 ***150.00

DOCUMENT # P01000077733

1. Entity Name
TERRACE COLLECTION, INC.



Principal Place of Business
1802 WEST CLEVELAND STREET
TAMPA, FL 33606

Mailing Address
1802 WEST CLEVELAND STREET
TAMPA, FL 33606

50005602



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3735643

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARBAS, RANDY R
1802 WEST CLEVELAND STREET
TAMPA, FL 33606

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MUNIZ, TONY JR
8405 N EDISON AVE
TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BARBAS, RANDY R
1802 W CLEVELAND ST
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #