

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90027 040 \*\*\*150.00

**DOCUMENT # P02000017839**

1. Entity Name  
**TERRA CHEM, INC.**



Principal Place of Business  
**3627 TIGER POINT BLVD  
GULF BREEZE, FL 32563**

Mailing Address  
**3627 TIGER POINT BLVD  
GULF BREEZE, FL 32563**



2. Principal Place of Business - No P.O. Box #

**1100 SHORELINE DR**

Suite, Apt. #, etc.

**APT 219**

City & State

**GULF BREEZE FL**

Zip  
**32561**

Country  
**32561**

3. Mailing Address

**1100 SHORELINE DR**

Suite, Apt. #, etc.

**APT 219**

City & State

**GULF BREEZE FL**

Zip  
**32561**

Country

03042008

Chg-P

CR2E034 (12/06)

4. FEI Number

**33-0995966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SOLIMANO, MAGALI  
3627 TIGER POINT BLVD.  
GULF BREEZE, FL 32563**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1100 SHORELINE DR**

**APT 219**

City

**GULF BREEZE FL**

Zip Code

**32561**

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, 2008 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  
SOLIMANO, MAGALI  
3627 TIGER PT BLVD.  
GULF BREEZE, FL 32563** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1100 SHORELINE DR APT 219  
GULF BREEZE FL 32561** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

**3/2/08**

Date

**(850) 934-6144**

Daytime Phone #