


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90243 025 \*\*\*150.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # P02000040411</b>   |   |  |  |  |  |
| <b>1. Entity Name</b><br>TERRA-MAR PROPERTY GROUP, INC.  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>2217 CYPRESS ISLAND DRIVE<br>APT.#606<br>POMPANO BEACH, FL 33069   |   |  | <b>Mailing Address</b><br>2217 CYPRESS ISLAND DRIVE<br>APT.#606<br>POMPANO BEACH, FL 33069 |   |  |
| <b>2. Principal Place of Business</b>  |   |  | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.  |   |  |
| City & State   |   |  | City & State   |   |  |
| Zip  |   | Country  |  | Zip   |  |
| Country  |   | Country  |  | 03252004    Chg-P    CR2E034 (10/03)  |  |
| <b>4. FEI Number</b><br>81-0548482   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| ZAGORSKI, JEFFREY J SR.<br>2217 CYPRESS ISLAND DRIVE<br>APT.#606<br>POMPANO BEACH, FL 33069  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                         |   |  |
| FL   |   |  | Zip Code   |   |  |
| <b>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.</b>   |   |  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>ZAGORSKI, JEFFREY J SR.<br>2217 CYPRESS ISLAND DRIVE APT.#606<br>POMPANO BEACH, FL 33069 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br>ZAGORSKI, LORRAINE J<br>2217 CYPRESS ISLAND DRIVE APT.#606<br>POMPANO BEACH, FL 33069    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Lorraine J. Zagorski</i> <b>LORRAINE J. ZAGORSKI</b> 4.3.04    954-246-6167   |   |  |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |   |  |  |   |  |