

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000129667**

1. Entity Name  
**TERRANOVA IN-FLIGHT SERVICES INC.**



Principal Place of Business

**17276 SE GALWAY CT  
TEQUESTA, FL 33469**

Mailing Address

**17276 SE GALWAY CT  
TEQUESTA, FL 33469**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number

**34-2056861**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COOPER, MAUREEN  
17276 SE GALWAY CT  
TEQUESTA, FL 33469**

**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

*Maureen Cooper* **Maureen Cooper**

**1/4/07**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
COOPER, MAUREEN  
17276 SE GALWAY CT  
TEQUESTA, FL 33469**

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000000579749  
01/10/07-80020-002 150.00

**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:**

*Maureen Cooper* **Maureen Cooper**

**1/4/07**

**772-418-734**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #