2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

3/.

DOCUMENT # P07000127113 1. Entity Name TERRA CARE LAND MAINTENANCE INC.							03-31-2	008 900)33 030 *	***150.00
Principal Plac	e of Busines:	s								
30640 APRICOT AVENUE Eustis, Fl 32736 US			30640 APRICOT AVENU Eustis, FL 32736	•		6600728	1			
2. Principal P	nace of Busin	ness - No P.O. Box #	3. Mailing Address			F11181111	;			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03112008	8 Chg-P	CR2E	034 (12/06)	
City & State			City & State			4. EEI Nun	-149580	20		oplied For at Applicable
Zip		Country	Zip	try	5. Certifica	ate of Status Desired		\$8.75 Add	ditional	
6:- Name and Address of Current Regist			Registered Agent -	Istered Agent			nd Address of New F	tegistered		
WILLEY, CORY A 30640 APRICOT AVENUE EUSTIS, FL 32736					Street Address (P.O. Box Number is Not Acceptable)					
	35000,72 32,35									
					City			FL	Zip Cod	6
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 lamitter with, and accept the obligations of registered agent.										
SIGNATURE.	Signature, typed	or primad name of registered agent	Agent agneture required	when constating)		DATE				
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.										
10.	 _	OFFICERS AND	DIRECTORS	11.		ADDITION	S/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P,D Deleta IIII.								Change	Addition
NUE	WILLEY,			:				•	_	
STREET ADDRESS CITY-ST-ZP		RICOT AVENUE		ET ADDRESS -ST-ZIP						
TITLE	EUSTIS, FL 32736 cin VP,D □ Delete : IIII.								Change	Addition
NAME	WILLEY, SARAH E				ž.					C) FOUNDS
STREET ADDRESS	J	RICOT AVENUE			ET ADORESS					}
CITY-ST-ZIP	EUSTIS, FL 32736			CITY	ST-ZIP			<u>.</u>		
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12. Thereby 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 eccurate 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 move 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: 3/17/18 386-848-507>										