2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000091384

1. Entity Name
TERRA MAR VILLAGE UTILITIES, INC.

Principal Place of Business
4383 US #1
EDGEWATER, FL 32141

Mailing Address
4383 US #1
EDGEWATER, FL 32141

DO NOT WRITE IN THIS SPACE

02212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3326847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STORCH, GLENN D
1620 S CLYDE MORRIS BLVD
SUITE 300
DAYTONA BEACH, FL 32119

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000283231
04/01/05-80015-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	UDDO, FRANK J
STREET ADDRESS	4383 US HWY 1
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	DV
NAME	UDDO, FRANK S
STREET ADDRESS	4383 US 1
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	DST
NAME	UDDO, JOSEPH
STREET ADDRESS	4383 US HWY 1
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Frank J Uddo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #