

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000091384**

1. Entity Name  
**TERRA MAR VILLAGE UTILITIES, INC.**



Principal Place of Business  
**P.O. BOX 237  
EDGEWATER, FL 32132**

Mailing Address  
**P.O. BOX 237  
EDGEWATER, FL 32132**



03012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

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**

**000000870990  
04/09/08-80110-002 150.00**

**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	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/08**  
Date

**386 345 4101**  
Daytime Phone #