## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 30, 2004 08:00 AM **DOCUMENT # P95000006397 Secretary of State** U.S.A. TERRA-MAR INVESTMENT, INC. Principal Place of Business Mailing Address 1400 MISTY PINES CIRCLE 202 1400 MISTY PINES CIRCLE 202 NAPLES, FL 34105 NAPLES, FL 34105 01092004 No Cho-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0558316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent WEBER, MARGARETE K DO NOT WRITE 1400 MISTY PINES CIRCLE SUITE 202 IN THIS SPACE NAPLES, FL 34105 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE DROST, JOSEPH E NAME 000000023147 STREET ADDRESS 1400 MISTY PINES CIRCLE 202 CITY-ST-ZIP NAPLES, FL 34105 92/92/94-80014-018 DVA NAME HUEBNER-DROST, KARIN 1400 MISTY PINES CIRCLE 202 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 सराह NAME STREET ADDRESS DO NOT WRITE CRY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 Stock 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TILE

STREET ADDRESS City-St-Zip

OSCOL CONTROL OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

101/14 234-649

**FILED** 

Daytime Phone #