

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90207 005 ***150.00

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1. Entity Name

TERINO MANAGEMENT, INC.



Principal Place of Business

12400 N. NEBRASKA AVE.
TAMPA, FL 33612

Mailing Address

12400 N. NEBRASKA AVE.
TAMPA, FL 33612



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3354212** Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TERINO, JAMES L
12400 N. NEBRASKA AVE.
TAMPA, FL 33612

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME TERINO, DAVID F
STREET ADDRESS 9350 KENTON RD.
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE D
NAME TERINO, JAMES L
STREET ADDRESS 301 WEST 131ST AVE.
CITY-ST-ZIP TAMPA, FL 33612

TITLE D
NAME TERINO, CHRISTOPHER
STREET ADDRESS C/O 12400 N. NEBRASKA AVE.
CITY-ST-ZIP TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James L. Terino **James L. Terino** 4-2204 815 978-8814