

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000021631**

1. Entity Name  
**TERRACE HOTEL CORPORATION**



Principal Place of Business  
**225 E. LEMON ST  
SUITE 300  
LAKELAND, FL 33801 US**

Mailing Address  
**P OB OX 24628  
LAKELAND, FL 33802 US**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**74-2781058**

Applied For  
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**

**ALLEN, PHILIP O  
225 E. LEMON ST  
SUITE 300  
LAKELAND, FL 33801**

**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 \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
HERMANS, JOSEF C  
2123 PECKHAM  
HOUSTON, TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
FARNSWORTH, JAMES L  
308 LEMON STREET EAST  
LAKELAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
MESSER JR, ROBERT P  
1910 MISSION SPRGS  
KATY, TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
ALLEN, PHILIP O  
225 E. LEMON ST., STE 300  
LAKELAND, FL 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000162977  
07/01/04-80002-008 558.75

**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)(b), 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: Philip O. Allen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/30/04 (863) 683 6511**  
Date D./M./Y. Phone #