


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, secretary 1/11/05 (863)6836511
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Philip O. Allen