

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90025 043 ***158.75

DOCUMENT # P96000021631

1. Entity Name
TERRACE HOTEL CORPORATION



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

Mailing Address
**P OB OX 24628
LAKE LAND, FL 33802 US**



02022006 , No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2781058	Applied For Not Applicable
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5. Certificate of Status Desired XXX	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ALLEN, PHILIP O
225 E. LEMON ST
SUITE 300
LAKE LAND, 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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HERMANS, JOSEF C
STREET ADDRESS	2123 PECKHAM
CITY- ST- ZIP	HOUSTON, TX 77019
TITLE	D
NAME	FARNSWORTH, JAMES L
STREET ADDRESS	1501 South Florida Avenue
CITY- ST- ZIP	LAKE LAND, FL 33803
TITLE	T
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	DS
NAME	ALLEN, PHILIP O
STREET ADDRESS	225 E. LEMON ST., STE 300
CITY- ST- ZIP	LAKE LAND, FL 33801
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: Philip O. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip O. Allen, secretary

2-28-06

Date

(863) 683-6511

Daytime Phone #