

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
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**



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2781058

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

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 \$150.00
After May 1, 2007 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 S. FLORIDA AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	T
NAME	BURNS, ROBERT A
STREET ADDRESS	5847 SAN FELIPE, STE 850
CITY-ST-ZIP	HOUSTON, TX 770573008
TITLE	DS
NAME	ALLEN, PHILIP O
STREET ADDRESS	225 E. LEMON ST., STE 300
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80070-003 158.75

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07 (863)683 6511
Date Daytime Phone #