2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # S01587

1. Entity Name

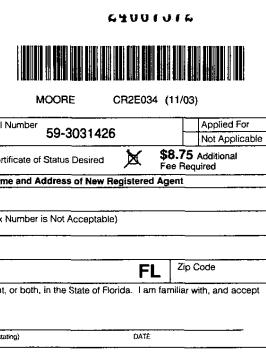
Principal Place of Business

TERRA SYSTEMS ENVIRONMENTAL CONSULTANTS, INC.



FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91243 029 ***158.75



2020 SHEFFIELD RD. WINTER HAVEN FL 33880 US		P.O. BOX 9115 WINTER HAVEN FL 33883-9115 US		2400101E	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 59-3031426 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COBURN, TJ			Name	Name	
202	O SHEFFIELD RD.	Street Address		ddress (P.O. Box Number is Not Acceptable)	
WINTER HAVEN FL 33880					
			City	FL Zip Code	
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) DAYE					
FILE NOW!!: FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	☐ Delete	TITLE "	☐ Change ☐ Addition	
NAME	COBURN, TJ		NAME		
STREET ADDRESS CITY-ST-ZIP	2020 SHEFFIELD RD. WINTER HAVEN FL 33880		STREET ADDRESS CITY-ST-ZIP		
TITLE	VPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HEARON, ROBERT S.	LI Book	NAME		
STREET ADDRESS	2020 SHEFFIELD RD.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE NAME	•	Delete	TITLE	Change Addition	
STREET ADDRESS			STREET ADDRESS		
CJTY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		□ Desete	NAME		
STREET ADDRESS			STREET ADDRESS	, i	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZiP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME CIRCET ADDRESS			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			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)(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: