## 2007 FOR PROFIT CORPORATION \*\* **ANNUAL REPORT**

## **FILED** Mar 01, 2007 08:00 A Secretary of State **DOCUMENT # S08780** 1. Entity Name TERRA FIRMA ENVIRONMENTAL, INC. Principal Place of Business Mailing Address **5207 NEFF LAKE ROAD 5207 NEFF LAKE ROAD** BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 CR2E034 (11/05) No Chg-P 01032007 DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNOW, THOMAS D DO NOT WRITE 5207 NEFF LAKE RD. BROOKSVILLE, FL 34601 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD NAME SNOW, SANDRA J STREET ADORESS 5207 NEFF LAKE RD. CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE NAME SNOW, THOMAS D U00000652037 5207 NEFF LAKE RD. STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE

03/12/07-80002-014 150.00

Applied For

Not Applicable

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 of 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 ap-attachment with an address, with all Angrilipe empowered.

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

THOMAS D. SNOW 02-28-07