

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # G91122
 1. Entity Name
 TOWN & COUNTRY TITLE GUARANTY OF HOLLYWOOD, INC.



Principal Place of Business: 6565 TAFT STREET, SUITE 101, HOLLYWOOD, FL 33024
 Mailing Address: 6565 TAFT STREET, SUITE 101, HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2377561
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 REEVES, B J
 6565 TAFT ST
 #102
 HOLLYWOOD, FL 33024

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: VSD
 NAME: MILLS, RALPH B. III
 STREET ADDRESS: APT 115, 9121 SUNRISE LAKES BLVD.
 CITY-ST-ZIP: SUNRISE, FL 33322

TITLE: VTD
 NAME: MILLS, DANEEN S.
 STREET ADDRESS: APT 115, 9121 SUNRISE LAKES BLVD
 CITY-ST-ZIP: SUNRISE, FL 33322

TITLE: PD
 NAME: ENGEL, BARBARA
 STREET ADDRESS: 2805 MORNING GLORY LANE
 CITY-ST-ZIP: DAVIE, FL 33328

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

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

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

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 01/11/05-80012-005 150.00

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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: *Ralph B. Mills III* J.P. Ralph B. Mills III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05 954-963-4740
Date Daytime Phone #