

**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



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____

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, 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

000000176815
01/11/05-80012-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. Ralph B. Mills III

Date

1-6-05

Daytime Phone #

954-963-4740