


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90063 009 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01252007 Chg-P CR2E034 (12/06)

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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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	VSD	<input type="checkbox"/> Delete
NAME	MILLS, RALPH B. III	
STREET ADDRESS	APT 406 333 LAS OLAS WAY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, DANEEN S.	
STREET ADDRESS	APT 115, 9121 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGEL, BARBARA	
STREET ADDRESS	2805 MORNING GLORY LANE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMPSHIRE, LINDA	
STREET ADDRESS	3021 N 73RD TERR	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WINFIELD, NAOMI	
STREET ADDRESS	2210 NE 57TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Ralph B. Mills III* **Ralph B. Mills III** **954 - 1-25-07 963-4740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #