

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 013 ***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 # 1779 N. UNIVERSITY		3. Mailing Address 1779 N. UNIVERSITY DR			
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 202		01302008 Chg-P CR2E034 (12/06)	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL		4. FEI Number 59-2377561	
Zip 33024		Zip 33024		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
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 REEVES, B.J. Street Address (P.O. Box Number is Not Acceptable) 1779 N. UNIVERSITY DRIVE SUITE 202 City PEMBROKE PINES, FL Zip Code 33024		
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 B.J. REEVES DATE 2-6-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MILLS, RALPH B. III APT 406 333 LAS OLAS WAY FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ENGEL, BARBARA 2805 MORNING GLORY LANE DAVIE, FL 33328	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAMPSHIRE, LINDA 3021 N 73RD TERR HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 DATE 2-6-08 Daytime Phone # 454-963-4740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					