


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90074 008 \*\*\*150.00

<b>DOCUMENT # 255443</b> 1. Entity Name <b>TOWN &amp; COUNTRY REAL ESTATE OF WINTER HAVEN, INC.</b>					
Principal Place of Business <b>277 MAGNOLIA AVE S W</b> <b>WINTER HAVEN FL 33880</b>				Mailing Address <b>277 MAGNOLIA AVE S W</b> <b>WINTER HAVEN FL 33880</b>	
2. Principal Place of Business <b>277 Magnolia Ave., sW</b> Suite, Apt. #, etc.		3. Mailing Address <b>277 Magnolia Ave., SW</b> Suite, Apt. #, etc.			
City & State <b>Winter Haven, FL 33880</b>		City & State <b>Winter Haven, FL 33881</b>		4. FEI Number <b>NO-T APPLICABLE</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33880</b>	Country <b>Polk</b>	Zip <b>33880</b>	Country <b>Polk</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IRBY, TIMOTHY A.</b> <b>277 MAGNOLIA AVENUE SW</b> <b>WINTER HAVEN FL 33880</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRBY, TIMOTHY A 277 MAGNOLIA AVE SW WINTER HAVEN FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VAUGHN, FRANK H. 277 MAGNOLIA AVE SW WINTER HAVEN FL			<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	
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 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: <u>Timothy A. Irby</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-27-04 863-293-1141 Date Daytime Phone #	