

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # G42195 1. Entity Name TOWN 'N COUNTRY INSURANCE OF MADISON, INC.	
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Principal Place of Business 105 S SUMATRA RD BOX 328 MADISON, FL 32340	Mailing Address PO BOX 328 MADISON, FL 32341 US
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DO NOT WRITE IN THIS SPACE



02142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2293789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, JACK A.
105 S. SUMATRA ROAD
MADISON, FL 32340

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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, 2004 Fee will be \$550.00

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

U00000055507
 02/18/04-80004-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PROCTOR, JACK A. 105 S SUMATRA RD MADISON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Jack A. Proctor* **Jack A. Proctor** Date: **2-17-04** Daytime Phone #: **850 973-2211**