2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42195

Entity Name: TOWN 'N COUNTRY INSURANCE OF MADISON, INC.

FILED Feb 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

105 S SUMATRA RD
BOX 328
MADISON, FL 32340
MADISON, FL 32340

Current Mailing Address: New Mailing Address:

PO BOX 328

MADISON, FL 32341 US

FEI Number: 59-2293789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROCTOR, JACK A.

105 S. SUMATRA ROAD

MADISON, FL 32340 US

PROCTOR, JACK A PRES
170 S.W. SUMATRA AVE
MADISON, FL 32340 US

MADISON, FL 32340 US

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.

SIGNATURE: JACK A PROCTOR 02/08/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS () Delete Title: PRES (X) Change () Addition Name: PROCTOR, JACK A, Name: PROCTOR, JACK A MR

 Name:
 PROCTOR, JACK A,
 Name:
 PROCTOR, JACK A MR

 Address:
 105 S SUMATRA RD
 Address:
 170 SW SUMATRA AVE

 City-St-Zip:
 MADISON, FL
 00000,
 City-St-Zip:
 MADISON, FL
 32340 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK A PROCTOR PRES 02/08/2006