

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L38207**

1. Entity Name  
**TOWN AND COUNTRY FARMS CORP.**



Principal Place of Business  
**703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**

Mailing Address  
**703 WATERFORD WAY, SUITE 800  
MIAMI, FL 33126**



06202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0162021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PITTS, W. DOUGLAS**  
**703 WATERFORD WAY, SUITE 800**  
**MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	COURTELIS, LOUISE H
STREET ADDRESS	703 WATERFORD WAY, SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	VSD
NAME	COURTELIS, KIKI L
STREET ADDRESS	703 WATERFORD WAY, SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	T
NAME	PRIDGEN, DOUGLAS H.
STREET ADDRESS	703 WATERFORD WAY, SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	PD
NAME	WERNETH, HILTON
STREET ADDRESS	703 WATERFORD WAY, SUITE 800
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/28/07-80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS H. PRIDGEN TREASURER**

**6/20/07 305-261-4330**  
Date Daytime Phone #