

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90021 014 ***150.00

DOCUMENT # P01000016184 1. Entity Name TOWN & COUNTRY CONSTRUCTION, INC.					
Principal Place of Business 4240 ELLIS RD. FORT MYERS, FL 33905			Mailing Address 4240 ELLIS RD. FORT MYERS, FL 33905		
2. Principal Place of Business 4240 Ellis Rd Suite, Apt. #, etc. Ft. Myers, FL City & State		3. Mailing Address 4240 Ellis Rd Suite, Apt. #, etc. Ft. Myers, FL City & State			
Zip 33905		Country Lee		Zip 33905	
Country Lee		4. FEI Number 65-1082698			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEFREITAS, SANDRA 4240 ELLIS RD. FORT MYERS, FL 33905			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Sandra Defreitas Sandra Defreitas President</i></u> <u><i>1-20-04</i></u> <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, 2004 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	D DEFREITAS, SANDRA 6260 HOLSTEIN DR FT MYERS, FL 33905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Defreitas 4240 Ellis Rd Ft. Myers, FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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><i>Sandra Defreitas Sandra Defreitas</i></u> <u><i>1-20-04</i></u> <u><i>239-275-8089</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					