

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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P01000060950

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DOCUMENT # P01000060950

1. Entity Name

TOWN & COUNTRY REAL ESTATE OF PALM CITY, INC.



04 AUG 23 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3207 S.W. BESSIE CREEK TRAIL  
PALM CITY FL 34990

Mailing Address

3207 S.W. BESSIE CREEK TRAIL  
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

AP-PLIED FOR

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, DIANA  
3207 S.W. BESSIE CREEK TRAIL  
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JENKINS, DIANA  
3207 S.W. BESSIE CREEK TRAIL  
PALM CITY FL 34990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
P S T.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

772/286-2504

Daytime Phone #

2042

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Town and Country Real Estate of Palm City Inc.	
2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 3207 SW Bessey Creek Trail	5a Business address, if different from address in lines 4a and 4b
4b City, state, and ZIP code Palm City FL 34990	5b City, state, and ZIP code
6 County and state where principal business is located Martin County Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ Carol Diane Long 263-32-5554	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church controlled organization	<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input checked="" type="checkbox"/> Other (specify) ▶ New Corporation		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶	State Florida	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	
<input checked="" type="checkbox"/> Banking purpose (specify) ▶ Corp Checking Acct	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 6-18-01	11 Enter closing month of accounting year. (See instructions.) December
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12 First date wages or annuities were paid or will be paid (Mo., day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	▶ 01-01-03
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13 Enter highest number of employees expected in the next 12 months. <b>Note:</b> If the applicant does not expect to have any employees during the period, enter "0."	Nonagricultural 1	Agricultural	Household
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14 Principal activity (See instructions.) ▶ Real Estate Sales
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an identification number for this or any other business? <b>Note:</b> If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
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Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.		
Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ Carol Diane Long Business telephone number (include area code)  
772/286-2504

Signature ▶  Date ▶ August 14, 2004

**Note:** Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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