2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# P02000064565

Entity Name: VOLUSIA TOWN AND COUNTRY REALTY, INC.

Current Principal Place of Business:

516 WEST NEW YORK AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

516 WEST NEW YORK AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: 14-1837998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, DEBORAH A MRS.
516 WEST NEW YORK AVENUE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DUNN, DEBORAH A MRS.
Address: 510 WEST MINNESOTA AVENUE
City-St-Zip: DELAND, FL 32720

Title: VD ( ) Delete
Name: AMBACHTSHEER, KATHY
Address: 1701 E. MINNESOTA AVENUE
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete
Name: TERRELL, MIKE
Address: 426 NORTH STONE STREET
City-St-Zip: DELAND, FL 32720

Title: TD ( ) Delete
Name: WOOLSLEY, SUSAN
Address: 436 WEST NEW YORKAVENUE
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: TYRRELL, MIKE
Address: 426 NORTH STONE STREET
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: BRENNAN, BARBARA L
Address: 3510 AMETHYST COURT
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA L. BRENNAN VP 05/19/2009

Electronic Signature of Signing Officer or Director — Date