2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000055984

TOWN & COUNTRY WOODWORKS, INC.



Principal Place of Business

150 EINIG AVE TITUSVILLE, FL 32796 Mailing Address

150 EINIG AVE

TITUSVILLE, FL 32796

FILED May 10, 2007 08:00 AM Secretary of State

Applied For



DO NOT WRITE IN THIS SPACE

	.,,,,	
03152007	No Chg-P	CR2E034 (11/05)

30-0246595	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILDEBRANDT, PAUL C JR 150 EINIG AVE

TITUSVILLE, FL 32796

DO NOT WRITE IN THIS SPACE

4. FFI Number

8. The above the obligated SIGNATURE.	named entity suprings this etatement for the pitons of recistered agent		E	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida. I am familiar with, and acception of the State of Florida.	1
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		•		\neg
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILDEBRANDT, PAUL C JR 150 EINIG AVE TITUSVILLE, FL 32796				U00000763088	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/29/07-80040-024 150,	. dic
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS ; CITY-ST-ZIP		·		IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 of the composition of the receiver of the composition of the corporation or the receiver of the composition of the corporation of the corporat

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR