

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000040904

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** TOWN & COUNTRY QUALITY HOMES, INC.

**Current Principal Place of Business:**

1773 HIGHLAND VIEW DRIVE  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

1773 HIGHLAND VIEW DRIVE  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 20-4912931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPELAND, DANIEL M ESQ  
9310 OLD KINGS ROAD SOUTH STE 1501  
JACKSONVILLE, FL 32257 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: DP  
Name: KIRK, WILLIAM M  
Address: 4901 S.E. 39TH STREET  
City-St-Zip: OCALA, FL 34480

Title: VST  
Name: CLEMENTS, JOHN M  
Address: 1773 HIGHLAND VIEW DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: JOHN MICHAEL CLEMENTS

VST

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date