

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90004 034 \*\*\*150.00

<b>DOCUMENT # P06000150856</b> 1. Entity Name TOWN & COUNTRY APPAREL, INC.					
Principal Place of Business 1241 GULF OF MEXICO D STE 703 LONG BOAT KEY, FL 34228			Mailing Address 1241 GULF OF MEXICO D STE 703 LONG BOAT KEY, FL 34228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9909 South Shore Dr Suite, Apt. #, etc. #160 City & State Plymouth, MN Zip 55441			
Suite, Apt. #, etc.		City & State		4. FEI Number 41-1777153	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LAVIN, JEROME V 1241 GULF OF MEXICO D STE 703 LONG BOAT KEY, FL 34228			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			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 LAVIN, JEROME V 2425 GULF OF MEXICO DRIVE SUITE 12A LONG BOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lavin, Jerome V 1241 Gulf of Mexico Dr #703 Longboat Key FL 34228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHERMAN, MORRIS 150 S. 5TH ST #2300 MINNEAPOLIS, MN 55402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAXWELL, DARLENE 9909 S. SHORE DR. #160 PLYMOUTH, MN 55441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEENE, JOAN 9909 S. SHORE DR. #160 PLYMOUTH, MN 55441		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	
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	
12. I hereby certify that the information supplied with this filing 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 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>Joan Keene</u> 2/21/08 763-557-8888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					