2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000055290

1. Entity Name

TOWN & COUNTRY INTERNATIONAL REAL ESTATE COMPANY



03102008

FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

959 PERIWINKLE WAY SANIBEL, FL 33957 Mailing Address

NOT WOITE IN THIS SOME

959 PERWINKLE WAY SANIBEL, FL 33957

US



CR2E034 (11/05)

No Chg-P

DO NOT WITH THIS SPA			65-0439852		
			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	stered Agent	- .		
NOVELLI, JOANN B 959 PERIWINKLE WAY SANIBEL, FL 33957			DO NOT WRITE IN THIS SPACE		
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. WHATURE ROTHING, heavest prized name of registered agent and title if applicable. (NOTE: Registered Agent Squature required when rentating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			
TITLE	DPVS				
NAME	NOVELLI, JO ANN B				
STREET ADDRESS CITY-ST-7IP	1290 ISABEL SANIBEL, FL 33957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOVELLI, JO ANN B 1290 ISABEL SANIBEL, FL 33957			05/21/08-	930091 80095-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in '	THIS SPA	ACE

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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/0

239.395.1200