

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051607

FILED  
Mar 30, 2004  
Secretary of State

Entity Name: TOWN & COUNTRY TITLE, INC.

## Current Principal Place of Business:

749 PINETREE DR  
INDIAN HARBOR BEACH, FL 32937 US

## New Principal Place of Business:

749 PINETREE DR.  
INDIAN HARBOUR BEACH, FL 32937 US

## Current Mailing Address:

749 PINETREE DR  
INDIAN HARBOR BEACH, FL 32937 US

## New Mailing Address:

749 PINETREE DR  
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 59-3453639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOENIG, DARLENE L  
749 PINETREE DR  
INDIAN HARBOR BEACH, FL 32937 US

## Name and Address of New Registered Agent:

KOENIG, DARLENE L  
749 PINETREE DR  
INDIAN HARBOUR BEACH, FL 32937 US

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:

03/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: KOENIG, DARLENE L  
Address: 749 PINETREE DRIVE  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: DVS (X) Delete  
Name: MILLS, RALPH B  
Address: 749 PINETREE DR  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition  
Name: KOENIG, DARLENE L  
Address: 749 PINETREE DRIVE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARLENE L. KOENIG

P

03/30/2004

Electronic Signature of Signing Officer or Director

Date