


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # S80721 1. Entity Name TOWN AND COUNTRY MORTGAGE INVESTORS, INC.	
--	---

Principal Place of Business PO BOX 300 ORANGE LAKE, FL 32681	Mailing Address PO BOX 300 ORANGE LAKE, FL 32681
--	--

DO NOT WRITE IN THIS SPACE



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3093513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TRENTELMAN, JOHN C
207 N MAGNOLIA AVENUE
OCALA, FL 32670**

**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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GROSZ, ESMOND A JR
STREET ADDRESS	17500 HWY 441
CITY-ST-ZIP	ORANGE LAKE, FL
TITLE	S
NAME	MILLS, DANIEL S
STREET ADDRESS	17500 HWY 441
CITY-ST-ZIP	ORANGE LAKE, FL
TITLE	T
NAME	GROSZ, MALINDA R
STREET ADDRESS	17500 HWY 441
CITY-ST-ZIP	ORANGE LAKE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000354708
05/09/05-80006-017 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

D. S. Mills **Daniel S Mills**

5-06-2005

352-591-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #