


04-19-2007 90184 027 ***150.00

DOCUMENT # S80721 1. Entity Name TOWN AND COUNTRY MORTGAGE INVESTORS, INC.				Secretary of State 04-19-2007 90184 027 ***150.00	
Principal Place of Business PO BOX 300 ORANGE LAKE, FL 32681		Mailing Address PO BOX 300 ORANGE LAKE, FL 32681		4000000000	
2. Principal Place of Business - No P.O. Box # 17500 HWY 441		3. Mailing Address Suite, Apt. #, etc.		04162007 Chg-P CR2E034 (12/06)	
City & State ORANGE LAKE, FL		City & State		4. FEI Number 59-3093513	
Zip 32681		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRENTELMAN, JOHN C 207 N MAGNOLIA AVENUE OCALA, FL 32670		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P GROSZ, ESMOND A JR 17500 HWY 441 ORANGE LAKE, FL	<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	S MILLS, DANIEL S 17500 HWY 441 ORANGE LAKE, FL	<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	T GROSZ, MALINDA R 17500 HWY 441 ORANGE LAKE, FL	<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	
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: Daniel S. Mills		Daniel S. Mills		4-17-2007 352-591-1010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	