
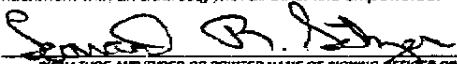


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 178463		
1. Entity Name TOWN & COUNTRY SHOPPING CENTER, INC.		
Principal Place of Business C/O L.R.S CO. 903 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	Mailing Address C/O L.R.S CO. 903 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SETZER, LEONARD R 903 UNIVERSITY BLVD N JACKSONVILLE, FL 32211-5529		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000445997 03/07/06-80072-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SETZER, LEONARD R 903 UNIVERSITY BLVD N JACKSONVILLE, FL 32211	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  Leonard R. Seizer 02/14/2006 904/743-0880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		