

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90394 041 \*\*\*158.75

**DOCUMENT # 216886**

1. Entity Name  
**TOWN 'N COUNTRY PARK, INC.**



Principal Place of Business  
**611 W BAY ST  
TAMPA, FL 33606-2703 US**

Mailing Address  
**611 W BAY ST  
TAMPA, FL 33606-2703 US**

**60023734**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03212006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-0857497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIMBERG, JAMES H  
611 W BAY ST  
TAMPA, FL 33606-2703**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SDT ☐ Delete  
NAME SHIMBERG, AMY G  
STREET ADDRESS 10102 WHITE TROUT LANE  
CITY-ST-ZIP TAMPA, FL 336184310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME SHIMBERG, JAMES H  
STREET ADDRESS 10102 WHITE TROUT LANE  
CITY-ST-ZIP TAMPA, FL 336184310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SHIMBERG, JAMES H JR.  
STREET ADDRESS 1912 ARDSLEY ST.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PAIKOFF, NANCY S  
STREET ADDRESS 1378 FORESTEDGE BLVD.  
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☒ Change ☐ Addition  
NAME Paikoff, Nancy S  
STREET ADDRESS 60 Stanton Circle  
CITY-ST-ZIP Oldsmar FL 34677

TITLE D ☐ Delete  
NAME SHIMBERG, ROBERT A  
STREET ADDRESS 3214 W. FOUNTAIN  
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT 3/30/06 8132547567**

Date

Daytime Phone #