

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State


08-16-2004 90131 001 *1,650.00

DOCUMENT # F98000006570	
1. Entity Name THE TOWN AND COUNTRY HOLDING CORPORATION II	

Principal Place of Business 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201	Mailing Address 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00436071



MOORE CR2E034 (4/04)

4. FEI Number 52-1860245	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 C T CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ DATE _____

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

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BRODIE, THOMAS L ✓ <input type="checkbox"/> Delete 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULWEIS, HARVEY ✓ <input type="checkbox"/> Delete 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HAAK, GERALD J ✓ <input type="checkbox"/> Delete 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT DOLPHIN, JAMES ✓ <input type="checkbox"/> Delete 100 S. CHARLES ST, SUITE 1700 BALTIMORE MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERICK, JAMES H ✓ <input type="checkbox"/> Delete 1350 EATON CENTER, 1111 SUPERIOR AVE CLEVELAND OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERICK, DANIEL G ✓ <input type="checkbox"/> Delete 1350 EATON CENTER, 1111 SUPERIOR AVE CLEVELAND OH 44114

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  **James Dolphin, Sr. VP/Treasurer** **8/04/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #