

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006992

FILED
Apr 11, 2007
Secretary of State

Entity Name: TOWN N COUNTRY LEAGUERETTS, INC.

Current Principal Place of Business:

POST OFFICE BOX 260712
TAMPA, FL 336850712

New Principal Place of Business:

5006 SHETLAND AVE.
TAMPA, FL 33615 US

Current Mailing Address:

POST OFFICE BOX 260712
TAMPA, FL 336850712

New Mailing Address:

FEI Number: 59-3685846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERRIGAN, TINA
7535 ARMAND CIRCLE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERRIGAN, TINA
Address: 7535 ARMAND CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: VPD () Delete
Name: FARR, TAMERA
Address: 7410 REVERE STREET
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: HADLEY, TAMARA
Address: 9156 BAYOU DRIVE
City-St-Zip: TAMPA, FL 33635

Title: TD () Delete
Name: EVANS, TERESA
Address: 10385 CARROLLWOOD LN., #302
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED MOSS-SOLOMON

TRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date