

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006992

FILED
Jan 28, 2008
Secretary of State

Entity Name: TOWN N COUNTRY LEAGUERETTS, INC.

Current Principal Place of Business:

5006 SHETLAND AVE.
TAMPA, FL 33615 US

New Principal Place of Business:

7002 W. HANNA AVE
TAMPA, FL 33634 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 (X)

Name and Address of Current Registered Agent:

KERRIGAN, TINA
7535 ARMAND CIRCLE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

GRAY, SHARON
11509 GLENMONT DRIVE
TAMPA, FL 33635 US

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: SHARON GRAY

01/28/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HORNEY, JOHN
Address: 11707 MEADOWLAND
City-St-Zip: TAMPA, FL 33625

Title: VPD (X) Change () Addition
Name: GRAY, DAVID
Address: 11509 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VPD (X) Change () Addition
Name: SIWINSKI, AMY
Address: 4450 HIDDEN SHADOW DRIVE
City-St-Zip: TAMPA, FL 33614

Title: SD (X) Change () Addition
Name: COHEN, LORRIE
Address: 8751 HAMPTON DRIVE
City-St-Zip: TAMPA, FL 33626

Title: TD () Change (X) Addition
Name: GRAY, SHARON
Address: 11509 GLENMONT DRIVE
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify 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: SHARON GRAY

TRES

01/28/2008

Electronic Signature of Signing Officer or Director

Date