


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N94000001240</b><br>1. Entity Name<br><b>TOWN &amp; COUNTRY BUSINESS &amp; INDUSTRIAL CENTER<br/>OWNER'S ASSOCIATION, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1 ENTERPRISE DRIVE<br/>BUNNELL, FL 32110 US</b> | Mailing Address<br><b>1 ENTERPRISE DRIVE<br/>BUNNELL, FL 32110 US</b> |
|---|---|



04222004 No Chg-NP CR2E037 (10/03)

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|---|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

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|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MULLEN, JOHN<br/>29 COLLINGTON CT<br/>PALM COAST, FL 32137</b> |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000151705  
05/04/04-80055-025 61.25**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MULLEN, MICHAEL<br>1500 LAMBERT AVE.<br>FLAGLER BEACH, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MULLEN, KATHLEEN<br>1305 TOWN HARBOR LANE<br>SOUTHOLD, NY 11971 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>MULLEN, JOHN<br>29 COLLINGTON CT<br>PALM COAST, FL             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

**SIGNATURE:**  **4/30/04 386-445-2222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #