

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003715

FILED
Apr 29, 2004
Secretary of State**Entity Name:** TOWN & COUNTRY ALLIANCE, INC.**Current Principal Place of Business:**7512 PAULA DR
105
TAMPA, FL 33615 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 261106
SUITE 111
TAMPA, FL 336851106 US**New Mailing Address:****FEI Number:** 59-3267277**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RILEY, STEVEN P
3333 W HENDERSON BLVD SUITE 150
SUITE 111
TAMPA, FL 33609 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:** SD () Delete
Name: PRYSNER, PAMELA
Address: 10350 ABBOTSFORD DR
City-St-Zip: TAMPA, FL 336261715**Title:** D () Delete
Name: SMITH, JOYCE
Address: 7201 DAIQUIRI LANE
City-St-Zip: TAMPA, FL 33634**Title:** VC () Delete
Name: LEWIS JR, CARLTON
Address: 9510 LETTERSTONE CT
City-St-Zip: TAMPA, FL 336151972**Title:** C () Delete
Name: CRAWFORD, ED
Address: 8908 BEELER DRIVE
City-St-Zip: TAMPA, FL 336262912**Title:** T () Delete
Name: VICKERS, LAURA
Address: 9304 FLORA ST. WEST
City-St-Zip: TAMPA, FL 33615**Title:** D () Delete
Name: ROOE, BILL
Address: 4725 EL DORADO DR.
City-St-Zip: TAMPA, FL 33615**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** C (X) Change () Addition
Name: LEWIS JR, CARLTON
Address: 9510 LETTERSTONE CT
City-St-Zip: TAMPA, FL 336151972**Title:** S (X) Change () Addition
Name: CRAWFORD, ED
Address: 8908 BEELER DRIVE
City-St-Zip: TAMPA, FL 336262912**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 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 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: LAURA VICKERS

T

04/29/2004

Electronic Signature of Signing Officer or Director

Date