

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000114546

1. Entity Name  
TOWN & COUNTRY MANAGEMENT COMPANY, INC.



Principal Place of Business  
4068 DESOTO FARM RD.  
TALLAHASSEE, FL 32309-9521

Mailing Address  
4068 DESOTO FARM RD.  
TALLAHASSEE, FL 32309-9521

FILED

05 JUL 29 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3688157

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MANAUSA, DANIEL E  
3520 THOMASVILLE RD., 4TH FL  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KALICKI, DANIEL C
STREET ADDRESS	PO BOX 15528
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	VPST
NAME	KALICKI, SHARON M
STREET ADDRESS	P.O. BOX 15528
CITY-ST-ZIP	TALLAHASSEE, FL 323175528
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800058484138  
08/11/05--01046--008 \*\*150.00

**DO NOT WRITE  
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 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:

*Daniel C Kalicki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/05  
Date

942-7400  
Daytime Phone #