

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071389

FILED  
Mar 09, 2004  
Secretary of State

Entity Name: TOWN CENTER OF TAMPA BAY, INC.

## Current Principal Place of Business:

1712 LONG BOW LANE  
CLEARWATER, FL 33764

## New Principal Place of Business:

2519 MCMULLEN BOOTH RD N  
510-269  
CLEARWATER, FL 33761

## Current Mailing Address:

1712 LONG BOW LANE  
CLEARWATER, FL 33764

## New Mailing Address:

2519 MCMULLEN BOOTH RD N  
510-269  
CLEARWATER, FL 33761

FEI Number: 01-0731210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

LOUANNE S. LOVE, P.A.  
517 PAULA DRIVE SOUTH  
DUNEDIN, FL 34698 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: LOUANNE S. LOVE, ESQUIRE

03/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: HOVE, STEPHEN D  
Address: 1712 LONG BOW LANE  
City-St-Zip: CLEARWATER, FL 33764

Title: V (X) Delete  
Name: THOMPSON, STEPHEN  
Address: 1712 LONG BOW LANE  
City-St-Zip: CLEARWATER, FL 33764

Title: S (X) Delete  
Name: HOVE, LOUISE  
Address: 1712 LONG BOW LANE  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: LAWES, KEITH A  
Address: 2519 MCMULLEN BOOTH RD N  
City-St-Zip: CLEARWATER, FL 33761

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH A. LAWES

PSTD

03/09/2004

Electronic Signature of Signing Officer or Director

Date