




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000102958 1. Entity Name TOWN PARK DEVELOPMENT COMPANY			
Principal Place of Business 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176		Mailing Address PO BOX 396 ORMOND BEACH, FL 32175	
DO NOT WRITE IN THIS SPACE			
		 04242006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3496543 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, JERRY SR 1221 DUNLAWTI DR. PORT ORANGE, FL 32127		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000535647 05/08/06-80062-005 150.00	
TITLE	VST		
NAME	JOHNSON, JERRY SR.		
STREET ADDRESS	1221 DUNLAWTI AVE		
CITY-ST-ZIP	PORT ORANGE, FL 32127		
TITLE	P		
NAME	JOBALIA, DIPAK D		
STREET ADDRESS	846 RIVERSIDE DRIVE		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4-26-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	