

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069121

**FILED**  
**Apr 15, 2004**  
**Secretary of State**

**Entity Name:** SHOPPES OF TOWN CENTER, INC.

**Current Principal Place of Business:**

620 COLLEGE AVE.  
HAVERFORD, PA 19041

**New Principal Place of Business:**

600 HAVERFORD ROAD  
SUITE G101  
HAVERFORD, PA 19041

**Current Mailing Address:**

620 COLLEGE AVE.  
HAVERFORD, PA 19041

**New Mailing Address:**

600 HAVERFORD ROAD  
SUITE G101  
HAVERFORD, PA 19041

FEI Number: 22-3600650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRAZIER, ROBERT W JR.  
2400 E. COMMERCIAL BLVD., SUITE 826  
FT. LAUDERDALE, FL 33308 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BELMONT, BARRY J  
Address: 620 COLLEGE AVE.  
City-St-Zip: HAVERFORD, PA 19041

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BARRY J BELMONT

PSD

04/15/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date