


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90261 008 ***150.00

DOCUMENT # 603993
 1. Entity Name
TOWER IMAGING, INC.



Principal Place of Business Mailing Address
511 W BAY ST **511 W BAY ST**
STE 301 **STE 301**
TAMPA, FL 33606 US **TAMPA, FL 33606 US**

24053258



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **Attn: OmmI Accts Dept**
P.O. Box 30728

04132004 Chg-P CR2E034 (10/03)

City & State City & State
Tampa, FL

4. FEI Number Applied For
59-1433551 Not Applicable

Zip Country Zip Country
33630-3728 **USA**

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

6. Name and Address of Current Registered Agent
ZWIEBEL, BRUCE R
511 W BAY ST
SUITE 301
TAMPA, FL 33606

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, BHARAT U	
STREET ADDRESS	511 W. BAY STREET - SUITE 301	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POKLEPOVIC, JERRY	
STREET ADDRESS	511 W. BAY ST., STE. 301	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEL TORO, JERRY H	
STREET ADDRESS	511 W BAY ST STE 301	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kudryk, Bruce T.	
STREET ADDRESS	511 W. Bay St # 301	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POKLEPOVIC, JERRY	
STREET ADDRESS	511 W. BAY ST. # 301	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL TORO, Jerry H.	
STREET ADDRESS	511 W. BAY ST # 301	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **(813) 253-2721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #