


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90004 023 ****61.25

DOCUMENT # 718837 1. Entity Name CONTINENTAL TOWERS, INC.					
Principal Place of Business 675 S GULFVIEW BLVD # 1 CLEARWATER BEACH FLA, 33767 US				Mailing Address 675 S GULFVIEW BLVD CLEARWATER BEACH FLA, FL 33767 US	
2. Principal Place of Business		3. Mailing Address cto cnc inc			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4175 E Bay Dr #205			
City & State		City & State clearwater FL			
Zip	Country	Zip	Country		
33764	Pinellas				
6. Name and Address of Current Registered Agent RESOURCE PROPERTY MGMT. 7300 PARK ST SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name Community Management Concepts Street Address (P.O. Box Number is Not Acceptable) 4175 East Bay Drive Suite 205 City clearwater FL Zip Code 33764	
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 <u><i>[Signature]</i></u> DATE <u>6/2/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLS, BYRON P 675 GULFVIEW BLVD. #10 CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Palls, Byron P. 675 Gulfview Blvd Unit 1002 Clearwater, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLOW, CUSICK 675 S. GULFVIEW BLVD. #808 CLEARWATER, FL 33767 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD Elizabeth Miskel 675 Gulfview Blvd Unit 702 Clearwater, FL 33767 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, STEPHEN 675 GULFVIEW BLVD #806 CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORMEY, CAROLYN 675 GULFVIEW BLVD #301 CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARR, VINCENT 675 GULFVIEW BLVD #1004 CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Vincent Parr 675 Gulfview Blvd Unit 1004 Clearwater, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLFZ, JOHN 675 GULFVIEW BLVD #404 CLEARWATER, FL 33767 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Wolfe 675 Gulfview Blvd Unit 404 Clearwater, FL 33767 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u><i>[Signature]</i></u> Byron P. Palls <u>6/2/05</u> <u>727-449-9889</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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06022005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1484405

Applied For
☐ Not Applicable

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