2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 734830

1. Entity Name
CANTERBURY TOWERS, INC.

Principal Place of Business	Mailing Address
3501 BAYSHORE BLVD TAMPA, FL 33629	3501 BAYSHORE BLVD TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1782481
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOGGS, JACKSON E
501 KENNEDY BLVD STE 1700
TAMPA, FL 33602

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000142979
04/30/04-80074-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	WOOD, PARKER C
STREET ADDRESS	160 COLUMBIA DR
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	REINER, ERNEST A
STREET ADDRESS	502 S. FREMONT AVE. #1030
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	TAPLEY, JOHN
STREET ADDRESS	315 E. MADISON
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	BOGGS, JACKSON E
STREET ADDRESS	501 E KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	MASSEY, HOYT B, REV
STREET ADDRESS	UPPER WALKER RD RTE 1
CITY-ST-ZIP	WAYNESVILLE, NC
TITLE	D
NAME	CONNER, DOUGLAS B.
STREET ADDRESS	4906 SAINT CROIX DRIVE
CITY-ST-ZIP	TAMPA, FL 33601

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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: _____ 4/27/04 (813)837-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #