

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90033 012 ****70.00

DOCUMENT # 734830
 1. Entity Name
 CANTERBURY TOWERS, INC.



40101237



07032006 No Chg-NP CR2E037 (4/06)

Principal Place of Business
 3501 BAYSHORE BLVD
 TAMPA, FL 33629

Mailing Address
 3501 BAYSHORE BLVD
 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1782481	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOGGS, JACKSON E
 501 KENNEDY BLVD.
 SUITE 1700
 TAMPA, FL 33602

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 _____

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WOOD, PARKER C 160 COLUMBIA DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINER, ERNEST A 502 S. FREMONT AVE. #1030 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPLEY, JOHN 315 E. MADISON TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGGS, JACKSON E 501 E KENNEDY BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SHOBE, DAVID PO BOX 1438 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, DOUGLAS B. 4906 SAINT CROIX DRIVE TAMPA, FL 33601

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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 reports 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/06 (813)837-1083
 Date Daytime Phone #