

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000116951

1. Entity Name
C-TOW, INC.



FILED
Mar 08, 2004 08:00 AM
Secretary of State

Principal Place of Business
5054 TAMiami TRAIL
PORT CHARLOTTE, FL 33980 US

Mailing Address
P. O. BOX 494133
PORT CHARLOTTE, FL 33949



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158268 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BARNOSKY, JOHN E
21551 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33952

**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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME BARNOSKY, JOHN E
STREET ADDRESS 21551 EDGEWATER DRIVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE V
NAME BARNOSKY, JUDITH H
STREET ADDRESS 21551 EDGEWATER DRIVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

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03/08/04-80129-011 150.00

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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 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: J. H. Barnosky Judith H. BARNOSKY 3/6/04 941-625-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #