

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/2006-90002-042-\$158.75-\$158.75

DOCUMENT # P05000070901

1. Entity Name

SD RIVERFRONT TOWERS INC



Principal Place of Business

2665 N ATLANTIC AVE STE 300
DAYTONA BEACH FL 32118

Mailing Address

2665 N ATLANTIC AVE STE 300
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2840630

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/06)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPT
DETERT, ALLAN L
2665 N ATLANTIC AVE STE 300
DAYTONA BEACH FL 32118

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVS
DETERT, JANET K
2665 N ATLANTIC AVE STE 300
DAYTONA BEACH FL 32118

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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8/28/06

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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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06

Date

257 6954

Daytime Phone #

FILED

06 SEP 27 PM 12:24

CLERK OF STATE
TALLAHASSEE, FLORIDA

