
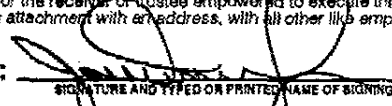


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 266799</b> 1. Entity Name <b>JERSEY JIM TOWERS TV &amp; AIR CONDITIONING, INC.</b>		
Principal Place of Business <b>17722 US HIGHWAY 19 NO. CLEARWATER, FL 33764 US</b>		Mailing Address <b>17722 US HIGHWAY 19 NO. CLEARWATER, FL 33764 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TOWERS, JAMES SR 17722 US HWY 19 NO CLEARWATER, FL 33764</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TOWERS, JAMES SR. 1701 ARABIAN LANE PALM HARBOR, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS TOWERS, JAMES JR 3280 CO RD 102 SAFETY HARBOR, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
<b>12.</b> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JAMES TOWERS, JR.</b> <b>JANUARY 19, 2004 727-536-2237</b> <small>Date Daytime Phone #</small>



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1099856**

Applied For
Not Applicable

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

U000000010160  
01/22/04-80020-004 158.75

**DO NOT WRITE  
IN THIS SPACE**