

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151826

Entity Name: S G TOWER SERVICE. INC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

33 S 11TH ST
DEFUNIAK SPG, FL 32435

New Principal Place of Business:

Current Mailing Address:

33 S 11TH ST
DEFUNIAK SPG, FL 32435

New Mailing Address:

FEI Number: 68-0595923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, LARRY S
202 BLUE GILL LOOP
DEFUNIAK SP, FL 32433 US

Name and Address of New Registered Agent:

GIVENS, LARRY S P
130 APACHE DR
DEFUNIAK SPG, FL 32435 US

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.

SIGNATURE: LARRY S GIVENS

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIVENS, LARRY S
Address: 33 SQUIRREL RD
City-St-Zip: DEFUNIAK SPG, FL 32433 US

Title: S () Delete
Name: BARBARIG, FRANCES R
Address: 202 BLUE GILL LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T () Delete
Name: RITTENHOUSE, DONNIE
Address: 19662 PARKVIEW TERR.
City-St-Zip: YORBA LINDA, CA 92886

Title: P () Delete
Name: GIVENS, LARRY S
Address: 202 BLUE GILL LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: P (X) Delete
Name: GIVENS, LARRY S
Address: 202 BLUE GILL LOOO
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIVENS, LARRY S
Address: 130 APACHE DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: S (X) Change () Addition
Name: GIVENS, FRANCES R
Address: 130 APACHE DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ANTONE, ROSA M
Address: 779 SQUIRREL RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA M ANTONE

VP

05/01/2006

Electronic Signature of Signing Officer or Director

Date