


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 161484**

1. Entity Name  
**TOWER DAIRY, INC.**



Principal Place of Business <b>1109 HUMMINGBIRD LANE BRANDON FL 33511 US</b>	Mailing Address <b>1109 HUMMINGBIRD LANE BRANDON FL 33511 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-0631588** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSCIGLIO, NORMAN  
1169 HUMMINGBIRD LANE  
BRANDON FL 33511**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete	NAME <b>BUSCIGLIO, JOHN A</b>
STREET ADDRESS	<b>2603 TRAPNELL RD EAST</b>		
CITY - ST - ZIP	<b>PLANT CITY FL 33566</b>		
TITLE	STD	<input type="checkbox"/> Delete	NAME <b>BUSCIGLIO, NORMAN</b>
STREET ADDRESS	<b>1109 HUMMINGBIRD LANE</b>		
CITY - ST - ZIP	<b>BRANDON FL 33511</b>		
TITLE	VP	<input type="checkbox"/> Delete	NAME <b>ROMANO, JOSEPH R</b>
STREET ADDRESS	<b>2612 SHILO COURT</b>		
CITY - ST - ZIP	<b>VALRICO FL 33594</b>		
TITLE	T	<input type="checkbox"/> Delete	NAME <b>ROMANO, EDWIN F</b>
STREET ADDRESS	<b>3634 78TH ST SOUTH</b>		
CITY - ST - ZIP	<b>TAMPA FL 33619</b>		
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY - ST - ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	<b>000000405440</b>		
CITY - ST - ZIP	<b>02/07/06-80041-003 150.00</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: *Norm Busciglio* Date: **1/24/06** Expiry Phone #: **813-695-7751**