

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State



DOCUMENT # 161484
 1. Entity Name
TOWER DAIRY, INC.

Principal Place of Business Mailing Address
1109 HUMMINGBIRD LANE **1109 HUMMINGBIRD LANE**
BRANDON FL 33511 **BRANDON FL 33511**
US **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

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

Zip Country Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000604900	
CITY-STATE-ZIP	01/30/07-80015-016 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 1/23/07 FL-CP5-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #