

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 225993

1. Entity Name
WHITE TOWERS INC



Principal Place of Business
**43 DOLPHIN DR
TREASURE ISLAND, FL 33706 US**

Mailing Address
**P O BOX 7998
ST PETERSBURG, FL 33734 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6069092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIPP, LORENE
216-23RD AVENUE N.
SAINT PETERSBURG, FL 33704**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JERGER, THOMAS J
STREET ADDRESS	5900 98TH AVENUE NORTH
CITY - ST - ZIP	PINELLAS PARK, FL 33782
TITLE	PD
NAME	JERGER, RICHARD M
STREET ADDRESS	43 DOLPHIN DR
CITY - ST - ZIP	TREASURE ISL, FL 33706
TITLE	VD
NAME	JERGER, EVELYN W
STREET ADDRESS	43 DOLPHIN DR
CITY - ST - ZIP	TREASURE ISL, FL 33706
TITLE	D
NAME	WHITE, ANN M
STREET ADDRESS	BOX 832 N/A
CITY - ST - ZIP	FLORAL CITY, FL 32636
TITLE	DST
NAME	CUNNINGHAM, MONICA L
STREET ADDRESS	100 SECOND AVE N SUITE 320
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/07/05-80056-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05

Date

(727) 894-2238

Daytime Phone #