

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90261 008 \*\*\*150.00

**DOCUMENT # 603993**  
 1. Entity Name  
**TOWER IMAGING, INC.**



Principal Place of Business      Mailing Address  
**511 W BAY ST**      **511 W BAY ST**  
**STE 301**      **STE 301**  
**TAMPA, FL 33606 US**      **TAMPA, FL 33606 US**

**24053258**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **Attn: OmmI Accts Dept**  
 City & State      **P.O. Box 30728**  
 Zip      Country      **Tampa, FL**  
 Zip      Country      **33630-3728**      **USA**

04132004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1433551**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ZWIEBEL, BRUCE R**  
**511 W BAY ST**  
**SUITE 301**  
**TAMPA, FL 33606**

**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 signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, BHARAT U		NAME	Kudryk, Bruce T.	
STREET ADDRESS	511 W. BAY STREET - SUITE 301		STREET ADDRESS	511 W. Bay St # 301	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POKLEPOVIC, JERRY		NAME	POKLEPOVIC, JERRY	
STREET ADDRESS	511 W. BAY ST., STE. 301		STREET ADDRESS	511 W. BAY ST. # 301	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL TORO, JERRY H		NAME	DEL TORO, Jerry H.	
STREET ADDRESS	511 W BAY ST STE 301		STREET ADDRESS	511 W. BAY St # 301	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** \_\_\_\_\_ **(813) 253-2721**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #