2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 626096

1. Entity Name
TOWER VIEW GROVES, INC.

Principal Place of Business	Mailing Address
ALT HWY 17 LAKE WALES, FL 33851 US	264 ECHO RIDGE PO BOX 20744 JASPER, GA 30143 US

04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1917677
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, ROBERT E
500 W OMAHA ST
LAKE HAMILTON, FL 33851

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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

U00000123660
04/22/04-80014-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, ROBERT E
STREET ADDRESS	500 W. OMAHA
CITY-ST-ZIP	LAKE HAMILTON, FL 33851
TITLE	V
NAME	TAYLOR, CHARLES E
STREET ADDRESS	406 GORDON ST
CITY-ST-ZIP	REYNOLDS, GA 31076
TITLE	AT
NAME	FRAJT, CHARLOTTE T
STREET ADDRESS	2026 TOWNSHIP DR
CITY-ST-ZIP	WOODSTOCK, GA 30188
TITLE	ST
NAME	SCOTT, FRANCES T
STREET ADDRESS	264 ECHO RIDGE #744
CITY-ST-ZIP	JASPER, GA 30143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Frances T Scott Secretary Treasurer 4-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #