

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-30-2005 90028 001 ***150.00

DOCUMENT # 626096 1. Entity Name TOWER VIEW GROVES, INC.	
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Principal Place of Business ALT HWY 17 LAKE WALES, FL 33851 US	Mailing Address 264 ECHO RIDGE PO BOX 20744 JASPER, GA 30143 US
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DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

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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**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: Frances T Scott Secretary Treasurer March 14, 2005
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, ROBERT E 500 W. OMAHA LAKE HAMILTON, FL 33851
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TAYLOR, CHARLES E 406 GORDON ST REYNOLDS, GA 31076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT FRAJT, CHARLOTTE T 2026 TOWNSHIP DR WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCOTT, FRANCES T 264 ECHO RIDGE #744 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 4-14-05 770 8931325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tower View Groves, LLC