


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 715952</b> 1. Entity Name PROSPECT TOWERS OF CLEARWATER, INC.	
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Principal Place of Business 801 CHESTNUT STREET CLEARWATER, FL 33756	Mailing Address 801 CHESTNUT STREET CLEARWATER, FL 33756
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1366141	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FITE, JOHN, ESQUIRE  
RICHARDS, NODINE, FITE, ETAL, PA  
1253 PARK STREET  
CLEARWATER, FL 33516

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KENNETH 901 OAKVIEW AVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUSTICE, WILLIAM 1912 CLEVELAND STREET CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERKINS, DAVID 919 BAY ESPLANADE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TICE, GEORGE 2292 CASTAN RICAN DR #20 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON DEAN 1327 DUNCAN AVE. S. CLEARWATER, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, WILLIAM DR. 2307 JONES CT DUNEDIN, FL 34698

U000000020571  
01/29/04-80072-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**  **1/20/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #