2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734830

FILED Aug 22, 2008 Secretary of State

Entity Name: CANTERBURY TOWERS, INC.

Current Principal Place of Business: New Principal Place of Business: 3501 BAYSHORE BLVD TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 3501 BAYSHORE BLVD TAMPA, FL 33629 FEI Number: 59-1782481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOGGS, JACKSON E 501 KENNEDY BLVD. **SUITE 1700** TAMPA, FL 33602 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WOOD, PARKER C WOOD, PARKER C Name: Name: Address: 160 COLUMBIA DR Address: 3501 BAYSHORE BLVD City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33629 Title: Title: () Delete () Change () Addition Name: SMITH, SYLVIA Name: Address: 5018 THE RIVERA Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: () Change () Addition TAPLEY, JOHN Name: Name: 315 E. MADISON Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: BOGGS, JACKSON E, Name: 501 E KENNEDY BLVD Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: RS () Delete Title: () Change () Addition SHOBE, DAVID Name: Name: PO BOX 1438 Address: Address: City-St-Zip: TAMPA, FL 33601 City-St-Zip: Title: () Delete Title: () Change () Addition CONNER, DOUGLAS B., Name: Name: Address: 4906 SAINT CROIX DRIVE Address: TAMPA, FL 33601 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PARKER C WOOD DT 08/22/2008