


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000006429

1. Entity Name
 TOWER ENGINEERING, INC.



Principal Place of Business: 1704 JUSTIN ROAD, METAIRIE, LA 70001

Mailing Address: 1704 JUSTIN ROAD, METAIRIE, LA 70001

DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number: 72-1417221 Applied For: Not Applicable

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

5. Name and Address of Current Registered Agent

WILLIAMS, AMANDA
 796 PRIOR PLACE
 PALM HARBOR, FL 34683

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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: Amanda Williams AMANDA WILLIAMS 2/14/05

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | PT |
| NAME | ACKERMANN, DAVID M |
| STREET ADDRESS | 3320 CHARLES COURT |
| CITY-ST-ZIP | CHALMETTE, LA 70043 |
| TITLE | VS |
| NAME | AMANDA MURRAY MURRELL ACKERMANN |
| STREET ADDRESS | 3320 CHARLES COURT |
| CITY-ST-ZIP | CHALMETTE, LA 70043 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 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 empowerments.

SIGNATURE: [Signature] 2-16-05 (504) 556-6966

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR Date Daytime Phone #