

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F03000004350

1. Entity Name  
B TOWERS, INC.



Principal Place of Business  
3412 CLARK ROAD, #109  
SARASOTA, FL 34231

Mailing Address  
3412 CLARK ROAD, #109  
SARASOTA, FL 34231

**FILED**  
**Jun 30, 2008 08:00 AM**  
**Secretary of State**



06272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0002572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCOVILL, W. BARTLETT P.A.  
1605 MAIN ST., SUITE 912  
SARASOTA, FL 34236

**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 \_\_\_\_\_  
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  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PSTC
NAME	GABOURY, BERNARD
STREET ADDRESS	3412 CLARK ROAD, #109
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	VCD
NAME	GABOURY, BERNARD
STREET ADDRESS	3412 CLARK ROAD, #109
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	V
NAME	LIPHAM, RON
STREET ADDRESS	3412 CLARK ROAD, #109
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953434  
06/30/08-80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bernard Gaboury BERNARD GABOURY 6/27/08 941-926-7900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #