



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005721	
1. Entity Name TOWER CONSULTANTS EXECUTIVE SEARCH, INC.	

Principal Place of Business 782 SPRINGDALE DR. 110 EXTON, PA 19341 US	Mailing Address 943 CENTRAL PKWAY STUART, FL 34994-3904 US
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DO NOT WRITE IN THIS SPACE

	
07072004 No Chg-P	CR2E034 (10/03)
4. FEI Number 23-2536530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, DONNA
4650 N.E. SPINNAKER POINT PLACE
STUART, FL 34996

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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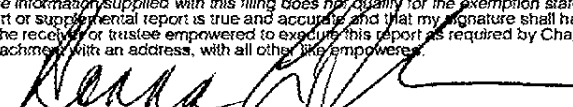
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FRIEDMAN, DONNA 4650 N.E. SPINNAKER POINT PLACE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGAN, THOMAS 4650 NE SPINNAKER POINT PL STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEHART-HEGARTY, DONNA 9 PHILLIPS LANE CHESTER SPRINGS, PA 19425
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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07/12/04-80011-001 150.00

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. 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____