


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000004084 1. Entity Name TOWER ADMINISTRATIVE SERVICES, INC.	
--	---

Principal Place of Business 8 MARTICVILLE RD LANCASTER, PA 17603	Mailing Address 8 MARTICVILLE RD LANCASTER, PA 17603
--	--

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2302365	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, JOHN H 8 MARTICVILLE RD LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD ANDERSON, DAVID B 8 MARTICVILLE RD LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAFFIER, GREGORY R 8 MARTICVILLE RD LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRETT, ELIZABETH 8 MARTICVILLE RD LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WOLFERS, ALAN 8 MARTICVILLE RD LANCASTER, PA 17603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UUUUUU272728
03/22/05-80017-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: Elizabeth Barrett 21 MAR 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #