


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000005094  
1. Entity Name  
MIDWEST COMMUNICATION TOWERS, INC.



Principal Place of Business      Mailing Address  
6325 W. PONDEROSA PL.      6325 PONDEROSA  
BEVERLY HILLS, FL 34465      BEVERLY HILLS, FL 34465

**DO NOT WRITE IN THIS SPACE**



02202006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
73-1463432      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
BROWN, LYNN  
6325 W. PONDEROSA PLACE  
BEVERLY HILLS, FL 34465

**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  
After May 1, 2008 Fee will be \$550.00**

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

1100000452170  
03/11/06-80016-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD BROWN, RAY 6325 W. PONDEROSA PLACE BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, LYNN 6325 W. PONDEROSA PLACE BEVERLY HILLS, FL 34465
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Lynn Brown      2/26/06      352-527-8955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #