


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000004710 1. Entity Name WESTOWER COMMUNICATIONS INC.	
---	---

Principal Place of Business 9961 SIDNEY HAYES RD ORLANDO, FL 32824	Mailing Address 9961 SIDNEY HAYES RD ORLANDO, FL 32824
--	--

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2184471	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	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.
---	---	--------------------------------	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, CALVIN J 9961 SIDNEY HAYES ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALLEW, KENNETH S 9961 SIDNEY HAYES ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV JARVIS, MIKE 9961 SIDNEY HAYES ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BARKER, J. JOHN 9961 SIDNEY HAYES ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT CARR, MICHAEL D 9961 SIDNEY HAYES ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(i), 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: John Barker Date: 6-30-05 Daytime Phone #: (407) 852-1755