

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90146 024 ***150.00

DOCUMENT # G50888

1. Entity Name

TOWSTOR MASTER SYSTEMS, INC.



Principal Place of Business

107-C CONCORD DR
CASSELBERRY FL 32707
US

Mailing Address

107-C CONCORD DR
CASSELBERRY FL 32707
US



2. Principal Place of Business - No P.O. Box #

115-E CONCORD DR.

Suite, Apt. #, etc.

SUITE-E

City & State

CASSELBERRY FL

Zip

32707

Country

SEMINOLE

3. Mailing Address

115-E CONCORD DR.

Suite, Apt. #, etc.

SUITE-E

City & State

CASSELBERRY FL

Zip

32707

Country

SEMINOLE

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-2408896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLAN CAPLAN
185 S. C.R. 427
STE 125
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

ALLAN CAPLAN

Street Address (P.O. Box Number is Not Acceptable)

115 CONCORD DR. SUITE-E

City

CASSELBERRY

FL

Zip Code

32707

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 resigning.)

3/20/07
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIANO, STEPHANIE	
STREET ADDRESS	116 LAKEPOINTE CIRCLE	
CITY- ST- ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPLAN, CAROL J.	
STREET ADDRESS	106 SAND PINE LANE	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CAPLAN, ALLAN	
STREET ADDRESS	106 SAND PIPE LANE	
CITY- ST- ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN CAPLAN

3/20/07

Date

407-788-2884

Daytime Phone #