

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000024335

1. Entity Name  
TOWER MOTOR HOME STORAGE, INC.



Principal Place of Business  
2899 32ND ST  
ST PETERSBURG, FL 33772

Mailing Address  
12299 90 AVE NORTH  
SEMINOLE, FL 33772

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 04, 2005 8:00 am  
Secretary of State**

05-04-2005 90182 036 \*\*\*150.00

**50048216**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3705278	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARTIN, JOHN P  
401 S LINCOLN AVE  
CLEARWATER, FL 33756

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROOT, SHARON L
STREET ADDRESS	12299 90 AVE NORTH
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 P. Root / Sharon L. Root 4-30-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #