

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105807

FILED
Jan 13, 2004
Secretary of State

Entity Name: TOWER LEASING CONSULTANTS, INC.

Current Principal Place of Business:

4360 NORTHLAKE BOULEVARD
SUITE 201
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

507 FAIRVIEW ROAD
BELLEAIR, FL 33756

Current Mailing Address:

4360 NORTHLAKE BOULEVARD
SUITE 201
PALM BEACH GARDENS, FL 33410

New Mailing Address:

507 FAIRVIEW ROAD
BELLEAIR, FL 33756

FEI Number: 65-1151437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLACICCO, ANNETTE M
4360 NORTHLAKE BOULEVARD
SUITE 201
PALM BEACH GARDENS, FL 33410

Name and Address of New Registered Agent:

COLACICCO, ANNETTE M
507 FAIRVIEW ROAD
BELLEAIR, FL 33756

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.

SIGNATURE: ANNETTE M. COLACICCO

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: COLACICCO, ANNETTE M
Address: 4360 NORTHLAKE BOULEVARD, SUITE 201
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V () Delete
Name: TALERICO, MICHAEL D
Address: 4360 NORTHLAKE BOULEVARD, SUITE 201
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: COLACICCO, ANNETTE M
Address: 507 FAIRVIEW ROAD
City-St-Zip: BELLEAIR, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE M. COLACICCO

D

01/13/2004

Electronic Signature of Signing Officer or Director

Date