


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90047 008 \*\*\*150.00

<b>DOCUMENT # P02000018225</b>		
1. Entity Name <b>TOWER ELEVATOR SYSTEMS, INC.</b>		
Principal Place of Business <b>4130 NW 10TH AVE FT LAUDERDALE FL 33309</b>		Mailing Address <b>4130 NW 10TH AVE FT LAUDERDALE FL 33309</b>
2. Principal Place of Business <b>16205 Old U.S. 41</b>		3. Mailing Address <b>16205 Old US 41</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>FT. MYERS, FL.</b>		City & State <b>Fort Myers, FL</b>
Zip <b>33912</b>	Country <b>USA</b>	Zip <b>33912</b>
		Country <b>USA</b>

**J4U20043**



MOORE CR2E034 (11/03)

4. FEI Number <b>04-3617458</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TINER, JAMES L 4130 NW 10TH AVE FT LAUDERDALE FL 33309</b>		7. Name and Address of New Registered Agent Name <b>JAMES L. TINER</b> Street Address (P.O. Box Number is Not Acceptable) <b>11481 OSPREY LANDING WAY</b> City <b>Fort MYERS</b> <b>FL</b> Zip Code <b>33908</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>DIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TINER, JAMES L</b>		NAME <b>TINER, JAMES L.</b>	
STREET ADDRESS <b>4130-NW-10TH AVE</b>		STREET ADDRESS <b>11481 OSPREY LANDING WAY</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33309</b>		CITY-ST-ZIP <b>Fort MYERS, FL 33908</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TINER, JEAN M</b>		NAME <b>TINER, JEAN M.</b>	
STREET ADDRESS <b>4130 NW 10TH AVE</b>		STREET ADDRESS <b>11481 OSPREY LANDING WAY</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33309</b>		CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jean Tiner **JEAN TINER** **3/4/04** **954-771-7180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #