2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2005 8:00 am **Secretary of State** DOCUMENT # P02000018225 1. Entity Name 03-29-2005 90025 023 ***150.00 TOWER ELEVATOR SYSTEMS, INC. Principal Place of Business Mailing Address 16205 OLD U.S. 41 FORT MYERS FL 33912 16205 OLD U.S. 41 FORT MYERS FL 33912 50031877 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 04-3617458 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent · TINER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 11481 OSPREY LANDING WAY FORT MYERS FL 33908 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signalure required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE DP ☐ Delete TITLE Change FR JAMES, L 205 OLD U.S. 41 TIMER TINER, JAMES L NAME 11481 OSPREY LANDING WAY STREET ADDRESS STREET ADDRESS Myers 7L 33912 FORT MYERS FL 33908 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITE F NAME TINER, JEAN M NAME 11481 OSPREY LANDING WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY+ST-71P CITY-ST-7IP TITLE ☐ Delete TULF ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

FILED