


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90039 037 \*\*\*150.00

<b>DOCUMENT # P03000042499</b>	
1. Entity Name J. MICHAEL TOWNER, P.A.	

Principal Place of Business 317 S.W. RIVERWAY BLVD PALM CITY, FL 34990	Mailing Address 317 S.W. RIVERWAY BLVD PALM CITY, FL 34990
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**DO NOT WRITE IN THIS SPACE**

40004764



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 83-0353593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TOWNER, J. MICHAEL PT 317 S.W. RIVERWAY BLVD PALM CITY, FL 34990
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TOWNER, J MICHAEL 317 S.W. RIVERWAY BLVD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TAYLOR, JANETTE H 317 S.W. RIVERWAY BLVD PALM CITY, FL 34990
TITLE 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: <u><i>J. Michael Towner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/15/05</u> <small>Date</small>	<u>772-223-8562</u> <small>Daytime Phone #</small>
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