

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90071 001 \*\*\*450.00

DOCUMENT # P03000123320

1. Entity Name  
ROWLAND TOWERS, INC.



Principal Place of Business  
3408 LANDS END DR.  
ST. AUGUSTINE, FL 32084-7744

Mailing Address  
3408 LANDS END DR.  
ST. AUGUSTINE, FL 32084-7744

**66001142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-0358087

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
50 NORTH LAURA ST., STE. 2900  
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

208 N. Laura St. #800

City

Jacksonville

FL

Zip Code

32202

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

G. Alan Howard, President

1-31-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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 PD ☐ Delete  
NAME ROWLAND, CAROL C  
STREET ADDRESS 3408 LANDS END DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL 320847744

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME ROWLAND, MARSHALL W SR.  
STREET ADDRESS 3408 LANDS END DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL 320847744

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME ROWLAND, BRIAN M ESQ.  
STREET ADDRESS 50 N. LAURA ST., STE 2900  
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☒ Change ☐ Addition  
NAME 208 N. Laura St. #800  
STREET ADDRESS Jacksonville FL 32202  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 prosecute 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

904-357-3660

Date

Daytime Phone #