

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90049 047 ***150.00

DOCUMENT # P04000052805 1. Entity Name TOWER CREATIONS UNLIMITED, INCORPORATED					
Principal Place of Business 5123 SW 93 AVE COOPER CITY, FL 33328			Mailing Address 5123 SW 93 AVE COOPER CITY, FL 33328		
2. Principal Place of Business 4400 NW 36 St. Suite, Apt. #, etc. 112 City & State Lauderdale Lakes, FL Zip 33093		3. Mailing Address P O Box 93-5114 Suite, Apt. #, etc. --- City & State Margate, FL Zip 33093			
01062005 Chg-P CR2E034 (10/03)		4. FEI Number 81-0647325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEIGHTY, MARLENE E 5123 SW 93 AVE COOPER CITY, FL 33328			7. Name and Address of New Registered Agent Name Leighty, Marlene E. Street Address (P.O. Box Number is Not Acceptable) 4400 NW 36 St. 112 City Lauderdale Lakes FL Zip Code 33		
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 re-registering)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIGHTY, MARLENE E P.O. BOX 93-5114 MARGATE, FL 33093	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Marlene Leighty</i></u> <u>4/1/05</u> <u>754 245 6412</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					