2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096755

Entity Name: TOWER SERVICES CORP

HARRISON, KATHLEEN

LONGWOOD, FL 32750

4044 WEST LAKE MARY BLVD, SUITE 104, #422

Name:

Address: City-St-Zip: FILED May 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 292 E. PALMETTO AVENUE LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** 292 E. PALMETTO AVENUE LONGWOOD, FL 32750 FEI Number: 26-3611192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRISON, CHARLES 4044 WEST LAKE MARY BLVD SUITE 104, #422 LONGWOÓD, FL 32750 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HARRISON, CHARLES Name: Name: 4044 WEST LAKE MARY BLVD, SUITE 104, #422 Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: BROWN, RICHARD Name: 4044 WEST LAKE MARY BLVD, SUITE 104, #422 Address: Address: LONGWOOD, FL 32750 City-St-Zip: City-St-Zip: () Delete Title: Title: TRFA () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES R. HARRISON P 05/06/2009