

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90006 005 ***158.75

DOCUMENT # P93000051796
 1. Entity Name
 TOWER MANAGMENT SOUTHEAST, INC.



Principal Place of Business
 234 BLOUNTSTOWN HWY
 TALLAHASSEE, FL 32304

Mailing Address
 234 BLOUNTSTOWN HWY
 TALLAHASSEE, FL 32304

54018096



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State *Dome*
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State *Dome*
 Zip Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3197781

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LAMB, MARION D III
 217 PINWOOD DRIVE
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	LIVINGSTON, CHARLES	
STREET ADDRESS	RT 5 BOX 260	
CITY-ST-ZIP	QUINCY, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWTON, WILLIAM E	
STREET ADDRESS	5036 CENTENNIAL OAK CIR	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	SWEENEY, T MICHELLE	
STREET ADDRESS	5252 SHADY REST RD	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tracy Michelle Sweeney</i>	
STREET ADDRESS	<i>8981 Eagles Ridge Dr</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32312</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Michelle Sweeney* 3/10/04 850-526-7113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #