

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ (NOTE: Registered Agent signature required when re-stating)
 Signature, typed or printed name of registered agent and title if applicable DATE _____

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

TITLE	P
NAME	LIVINGSTON, CHARLES
STREET ADDRESS	1494 SPITZ FARM RD
CITY - ST - ZIP	QUINCY, FL 32353
TITLE	VP
NAME	NEWTON, WILLIAM E
STREET ADDRESS	5036 CENTENNIAL OAK CIR
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	C
NAME	SWEENEY, TRACY M
STREET ADDRESS	8981 EAGLES RIDGE DR
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00001448135
 03/09/06-80001-021 158.75

DO NOT WRITE IN THIS SPACE

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 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 Date: 2/24/06 Daytime Phone #: 850-576-7113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR