

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051796

FILED  
Feb 13, 2007  
Secretary of State

Entity Name: TOWER MANAGMENT SOUTHEAST, INC.

**Current Principal Place of Business:**

234 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

234 BLOUNTSTOWN HWY  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 59-3197781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMB, MARION D III  
217 PINWOOD DRIVE  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LIVINGSTON, CHARLES  
Address: 1494 SPITZ FARM RD  
City-St-Zip: QUINCY, FL 32353

Title: VP ( ) Delete  
Name: NEWTON, WILLIAM E  
Address: 5036 CENTENNIAL OAK CIR  
City-St-Zip: TALLAHASSEE, FL

Title: C ( ) Delete  
Name: SWEENEY, TRACY M  
Address: 8981 EAGLES RIDGE DR  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: SWEENEY, TRACY M  
Address: 9703 PRESTANCIA WAY  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHELLE SWEENEY

SECR

02/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date