

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90078 025 \*\*\*150.00

**DOCUMENT # P94000011317**

1. Entity Name

**TOWERING TIMBERS, INC.**



Principal Place of Business

12740 CURLEY STREET  
SAN ANTONIO FL 33576

Mailing Address

PO BOX 156  
SAN ANTONIO FL 33576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3316855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRADER, JEROME G  
12740 CURLEY STREET  
SAN ANTONIO FL 33376

Name

THOMAS A SCHRADER

Street Address (P.O. Box Number is Not Acceptable)

12744 CURLEY ST

City

SAN ANTONIO

FL

Zip Code

33576

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

*Thomas A. Schrader*

THOMAS A SCHRADER

04-10-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SCHRADER, THOMAS A  
STREET ADDRESS 33923 DUNNE ROAD  
CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BARONS, MARGARET MARY  
STREET ADDRESS 4 BOWSER ROAD  
CITY-ST-ZIP LEXINGTON MA 02420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCHRADER, THEODORE J  
STREET ADDRESS 12349 CURLEY STREET  
CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCHRADER, TERRENCE E  
STREET ADDRESS 31414 PASCO ROAD  
CITY-ST-ZIP SAN ANTONIO FL 33576

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SCHRADER, JEROME G  
STREET ADDRESS PO BOX 1276 15552 US 301  
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CAROE, KAY  
STREET ADDRESS 47 JUDSON AVE. P.O. BOX 623  
CITY-ST-ZIP WOODBURY CT 06798

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Thomas A. Schrader*

THOMAS A SCHRADER PRESIDENT

04-10-06

352 588-2515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #