

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000020161**

1. Entity Name  
**COMMUNICATION TOWERS, INC.**



Principal Place of Business  
**725 ACORN STREET  
MERRITT ISLAND, FL 32952**

Mailing Address  
**725 ACORN STREET  
MERRITT ISLAND, FL 32952**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3437509**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FLAHERTY, PAMELA S  
725 ACORN STREET  
MERRITT ISLAND, FL 32952**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 **FLAHERTY, PAMELA**  
STREET ADDRESS **725 ACORN STREET**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **S**  
NAME **FLAHERTY, PAMELA S**  
STREET ADDRESS **725 ACORN ST**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE  
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04/09/05-80048-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pamela S. Flaherty* 4-5-05 3214547414