

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000059271

FILED  
Oct 04, 2006  
Secretary of State

Entity Name: ANGLE TOWER CORPORATION

## Current Principal Place of Business:

4945 LENOIR AVENUE  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

4945 LENOIR AVENUE  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3457383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLER, TANYA T  
4945 LENOIR AVENUE  
JACKSONVILLE, FL 32216 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALLER, CALVIN H JR  
Address: 4945 LENOIR AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVPS ( ) Delete  
Name: WALLER, TANYA T  
Address: 4945 LENOIR AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete  
Name: WALLER, TANYA T  
Address: 4945 LENOIR AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete  
Name: HOOTEN, WESLEY D  
Address: 4945 LENOIR AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete  
Name: PEARCE, CLARENCE W III  
Address: 563 W. HILLSBOROUGH AVENUE  
City-St-Zip: FLORAHOME, FL 32140

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition  
Name: WALLER, TANYA T  
Address: 4945 LENOIR AVENUE  
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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

Title: S ( ) Change (X) Addition  
Name: ANGLE, JOSEPH P  
Address: POST OFFICE BOX 475  
City-St-Zip: GAINESVILLE, FL 326020475

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: TANYA T. WALLER

VP

10/04/2006

Electronic Signature of Signing Officer or Director

Date