


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90026 031 ***150.00

DOCUMENT # P97000069857

1. Entity Name
HIGHTOWER PURCHASING, INC.



Principal Place of Business
**26 HICKORY LANE
 SAFETY HARBOR, FL 34695**

Mailing Address
**2519 MCMULLEN BOOTH RD
 SUITE 510-186
 CLEARWATER, FL 33761 US**

2. Principal Place of Business
7183 E. SHADY NOOK CT

3. Mailing Address
7183 E. SHADY NOOK CT.

Suite, Apt. #, etc.

City & State
FLORAL CITY, FL

City & State
FLORAL CITY, FL

Zip
34436-4577 Country
USA

Zip
34436-4577 Country
USA



01042006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3462070

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERBERICH, MARCIA L
 26 HICKORY LANE
 SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BERBERICH, MARCIA	26 HICKORY LANE	SAFETY HARBOR, FL 34695	<input type="checkbox"/>
VP	BERBERICH, KARL H	26 HICKORY LANE	SAFETY HARBOR, FL 34695	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	S/T MONICA L. BERBERICH	7183 E. SHADY NOOK CT.	FLORAL CITY, FL. 34436-4577	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Marcia L. Berberich, PRESIDENT

1/4/2006 **727-725-9574**
352-726-5970

SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATED OFFICER OR DIRECTOR Date Daytime Phone #