

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90025 022 ***150.00

DOCUMENT # P98000021330

1. Entity Name

BLACK DOG TOWERS, INC.



Principal Place of Business

~~795 EAGLE POINT DRIVE~~
~~VENICE FL 34292~~

Mailing Address

~~735 EAGLE POINT DRIVE~~
~~VENICE FL 34292~~

J404034J



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1220 APOLLO BEACH DR.

3. Mailing Address

P.O. Box 818

Suite, Apt. #, etc.

A 38

Suite, Apt. #, etc.

City & State

APOLLO BEACH FL.

City & State

NOKOMIS FL.

Zip

33572

Country

HILLSBORO

Zip

34274

Country

SARASOTA

4. FEI Number

65-0817427

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

WELWOOD, MICHAEL J
735 EAGLE POINT DRIVE
VENICE FL 34292

1220 APOLLO BEACH DR.
APOLLO BEACH, FL.
33572

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1 Apr. 04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PCD ☐ Delete
NAME WELWOOD, MICHAEL J
STREET ADDRESS 735 EAGLE POINT DRIVE
CITY-ST-ZIP VENICE FL 34292 APOLLO BEACH, FL. 33572

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

TITLE D ☒ Delete
NAME WELWOOD, MELINDA
STREET ADDRESS 735 EAGLE POINT DRIVE
CITY-ST-ZIP VENICE FL 34292

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 #

1 Apr 04

941 9285604