## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021330

Entity Name: BLACK DOG TOWERS, INC.

FILED Jan 22, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1220 APOLLO BEACH DR #A38 1413 LAKE LUCERNE WAY APOLLO BEACH, FL 33572

#202

BRANDON, FL 33511

**Current Mailing Address: New Mailing Address:** 

PO BOX 818

NOKOMIS, FL 34274

FEI Number: 65-0817427 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WELWOOD, MICHAEL J WELWOOD, MICHAEL J 1220 APOLLO BEACH DR. 1413 LAKE LUCERNE WAY. APOLLO BEACH, FL 33572 US #202 BRANDON, FL 33511 US

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: 01/22/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete Title: (X) Change ( ) Addition WELWOOD, MICHAEL J WELWOOD, MICHAEL J Name: Name:

1413 LAKE LUCERNE WAY #202 1220 APOLLO BEACH DR. Address: Address:

City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. WELWOOD **PRES** 01/22/2005