2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #P98000024355

1. Entity Name

ED TOWEY & ASSOCIATES, INC.



Mailing Address

Principal Place of Business 307 WEST PARX AVENUE TALLAHASSEE, FL 32301

l US

POST OFFICE BOX 38144 TALLAHASSEE, FL 32315-8144

FILED Jan 23, 2004 08:00 AM Secretary of State



01212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3507514 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERNS, RANDY K 220 SOUTH FRANKLIN STREET TAMPA, FL 33602

SIGNATURE:

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered	d office or re	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or priviled name of registered agent and the	tie if applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE	
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees	- -	
10. OFFICERS AND DIR	ECTORS		·····		
NAME PVTS TOWEY, ED SIBLET ADDRESS PO BOX 38144 CITY-ST-ZIP TALLAHASSEE, FL 32315				U00800011079 01/23/04-80022-019 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE VALUE STREET ADDRESS CMY-ST-ZIP			IN ⁻	IN THIS SPACE	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP					
NITE NAME STRET ADDRESS CITY-51-ZIP			,		
12. I hereby certify that the information supplied with this indicated on this report or suppliemental report is true of the corporation or the receiver or trustee employer changed, or on an attaching or with an address, with	s filing does not qualify for the exeme e and accurate and that my signatured to execute this report as require all other like empowered.	ption stated fre shall haved by Chapt	in Section 119.07(3)(e the same legal effect er 607, Florida Statute	Florida Statutes. I further certify that the Information of as if made under cath, that I am an officer or director set and that my name appears in Block 10 or Block 11 if	

E AND VIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR