2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000059994

Entity Name

TOWERS, INC.

Principal Place of Business	Mailing Address
W. INDUSTRIAL BLVD. PENSACOLA FL 32505	P.O. BOX 11095 PENSACOLA FL 32524

2. Principal Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Country / Zip / Country	

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3586979 ☐ 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
WHIBBS, SUZANNA N 105 E. GREGORY SQUARE PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	P MCCRARY, BOBBY P.O. BOX 11095 PENSACOLA FL 32524 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 000001396686 01/30/06-80017-025 150.00
	T MCCRARY, BOBBY P.O. BOX 11095 PENSACOLA FL 32524 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	VP MCCRARY, PATRICIA P.O. BOX 11095 PENSACOLA FL 32524 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	S MCCRARY, PATRICIA K P.O. BOX 11095 PENSACOLA FL 32524 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia K. McCrary Patricia K. McCrary 1-19-06 850 476-6747