

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90298 038 ***158.75

DOCUMENT # P99000085335

1. Entity Name
TOWER REALTY ASSET MANAGEMENT, INC.



Principal Place of Business
~~2603 MAITLAND CENTER PKWY~~
~~STE B~~
~~MAITLAND, FL 32751~~

Mailing Address
~~2603 MAITLAND CENTER PKWY~~
~~STE B~~
~~MAITLAND, FL 32751~~

60026187



2. Principal Place of Business
2701 Maitland Center Pkwy

3. Mailing Address
2701 Maitland Center Pkwy

Suite, Apt. #, etc.
Suite 225

Suite, Apt. #, etc.
Suite 225

City & State
Maitland, FL

City & State
Maitland, FL

Zip
32751

Country
Orange

Zip
32751

Country
Orange

02232006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3599799

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, REID
~~2603 MAITLAND CENTER PKWY~~
~~STE B~~
~~MAITLAND, FL 32751~~
2701 Maitland Center Pkwy, Suite 225
Maitland, FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERMAN, REID 2603 MAITLAND CENTER PKWY MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 Maitland Center Parkway, Suite 225 Maitland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIN, CLIFFORD 2603 MAITLAND CENTER PKWY MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 Maitland Center Parkway, Suite 225 Maitland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplement 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: **4/6/06** **407-659-0120**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #