

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

DOCUMENT # P99000088866

1. Entity Name
G-P TOWERS REALTY LR, INC.



03-29-2005 90117 002 *3,333.75
03-29-2005 90117 004 ***476.25

Principal Place of Business
2295 CORPORATE BLVD., NW, SUITE 222
BOCA RATON, FL 33431-0181 0

Mailing Address
2295 CORPORATE BLVD., NW, SUITE 222
BOCA RATON, FL 33431-0181 0

66007865



DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0957378

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD., NW, SUITE 222
BOCA RATON, FL 33431-0181

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
HERRICK, NORTON
2295 CORPORATE BLVD., NW, SUITE 222
BOCA RATON, FL 334310181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVAS
HERRICK, MICHAEL
2 RIDGEDALE AVE STE 370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPAS
HERRICK, HOWARD
2 RIDGEDALE AVE STE 370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
NISAR, KERMAI
2 RIDGEDALE AVE STE 370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERRICK, EVAN
2 RIDGEDALE AVE, #370
CEDAR KNOLLS, NJ 07927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #