


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # S21876</b> 1. Entity Name <b>ROBERT S. HIGHTOWER, P.A.</b>	
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Principal Place of Business <b>241 E VIRGINIA ST TALLAHASSEE, FL 32301 US</b>	Mailing Address <b>P O BOX 4165 TALLAHASSEE, FL 32315</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HIGHTOWER, ROBERT S.  
241 E. VIRGINIA ST.  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HIGHTOWER, ROBERT S 241 E. VIRGINIA ST. TALLAHASSEE, FL 32301
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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 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: Robert S. Hightower  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/3/2006  
Date

Daytime Phone # 850-222-3363  
Daytime Phone #