2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # S98504

Entity Name

TOWER COURTYARD, INC.



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

144 NW 11 ST

HOMESTEAD, FL 33030 U

Mailing Address

144 NW 11 ST

HOMESTEAD, FL 33030 US



02072007

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0306412 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN, JOHN M. 48 NE 15 ST. 2ND FLOOR

HOMESTEAD, FL 33030

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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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLINS, JANE P 31155 SW 197 AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MULLINS, RICHARD 31155 SW 197TH AVE. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

NATURE AND TYPED OR PRINTING NAME OF BIGNING OFFICER OR DIRECTOR

4/15/07 3050

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