## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Secretary of State DOCUMENT # v68279 1. Entity Name 03-21-2006 90032 033 \*\*\*150.00 TOWER JUNIOR INVESTMENTS, INC. Principal Place of Business Mailing Address 5605 CARDER RD. ORLANDO FL 32810 US 5605 CARDER RD. ORLANDO FL 32810 2. Principal Place of Business Mailing Address 1065 NWSERY RO. 1865 NUTSERU RD. Suite, Apt. #, etc./ Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) # 1101 # //0/ City & State City & State 4. FEI Number Applied For WINTER SPRINGS, FL PINTER SPRINGS 59-3154158 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3270B 32708 U.S.A. U, S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BENJAMIN G. TOWER JR. TOWER, JR., BENJAMIN G Street Address (P.O. Box Number is Not Acceptable) 1017 W. YALE-ST. ORLANDO PL 32804 382 DEVONPL. LAKE MARY 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Addition PRESIDENT NAME TOWER, JR., BENJAMIN G. TOUGH, JR., BENJAMIN Q. STREET ADDRESS 1017 W. YALE ST. 382 DEVONAL. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-7IP LAKE MARY. TITLE Delete TITLE Change ■ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Deleta TIME ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 21, 2006 8:00 am