

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000057978

**Entity Name:** TOWER MARKETING SOLUTIONS, INC.

**Current Principal Place of Business:**

362 GULF BREEZE PARKWAY  
# 309  
GULF BREEZE, FL 32561

**Current Mailing Address:**

362 GULF BREEZE PARKWAY  
# 309  
GULF BREEZE, FL 32561 US

**FEI Number: 45-5628646**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEBER, JAMES M  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name CAMPUS, JOSEPH JIV  
Address 362 GULF BREEZE PARKWAY, # 309  
City-State-Zip: GULF BREEZE FL 32561

Title SECT  
Name CAMPUS, JOSEPH JIV  
Address 362 GULF BREEZE PARKWAY, # 309  
City-State-Zip: GULF BREEZE FL 32561

Title TREA  
Name CAMPUS, JOSEPH JIV  
Address 362 GULF BREEZE PARKWAY, # 309  
City-State-Zip: GULF BREEZE FL 32561

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH J CAMPUS IV**

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date