

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340223

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: REDINGTON TOWERS, INC.

**Current Principal Place of Business:**

201 E KENNEDY BLVD, SUITE 420  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 E KENNEDY BLVD, SUITE 420  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 59-1265918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCRORY, RICHARD J  
540-4TH ST NORTH  
ST PETERSBURG, FL 33701 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHWARTZ, SANDRA  
Address: 2706 LITTLE ROAD  
City-St-Zip: VALRICO, FL 33594 US

Title: VP ( ) Delete  
Name: GOLDBERG, CHARLES  
Address: 7 DEEPDALE DR  
City-St-Zip: GREAT NECK, NY 11021 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA SCHWARTZ

P

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date