## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT	# F9700	00003938
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1. Entity Name

HIGHPOINT TOWER TECHNOLOGY, INC.



Principal Place of Business

800 S OSPREY AVE

BLDG B SARASOTA, FL 34236 Mailing Address

SUPLEE & SHEA 800 S OSPREY AVE, BLDG B SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

1032007 No Chg-P CR2E034 (11/05)

4. FEI Number	 Applied For
59-3463171	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNTHER, ROBERT C 1208 CASEY KEY RD NORTH OSPREY, FL 34275 DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plants of registered agent.	urpose of changing its registere	d office or reg	istered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	Anent signature re	quired when reinstating)	DATE
	Sylva principal sylva sy	(Hard Hageline	rigen, agricularia	done a montantification and	,
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	01/17/07-80004-015 150.00
10.	OFFICERS AND DIREC	TORS	,	1000	grade and and the second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC GUNTHER, ROBERT 1208 N CASEY KEY RD OSPREY, FL 34239	" I	ar iş	NE get	en de la companya de La companya de la companya del companya de la companya del companya de la companya del companya de la companya de la companya del companya de la compa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDC GUNTHER, JANE 1208 N CASEY KEY RD OSPREY, FL 34239			50 58 / 67 5 68 68 68 68 68 68 68 68 68 68 68 68 68	A CONTRACTOR OF THE STATE OF TH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCKLEIN, JOSEPH E III 800 S. OSPREY AVE. BLDG. B SARASOTA, FL 34236		**	DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP	VP SUPLEE, T. RAYMOND 800 S. OSPREY AVE. BLDG. B SARASOTA, FL 34236				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ar ex e	and the second	and the second of the second o

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:
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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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