

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003938**

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**



01072008 No Chg-P CR2E034 (11/05)

**4. FEI Number**

**59-3463171**

**Applied For**

**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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PDC
NAME	GUNTHER, ROBERT
STREET ADDRESS	1208 N CASEY KEY RD
CITY-ST-ZIP	OSPREY, FL 34239
TITLE	VSDC
NAME	GUNTHER, JANE
STREET ADDRESS	1208 N CASEY KEY RD
CITY-ST-ZIP	OSPREY, FL 34239
TITLE	VP
NAME	ROCKLEIN, JOSEPH E III
STREET ADDRESS	800 S. OSPREY AVE. BLDG. B
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	SUPLEE, T. RAYMOND
STREET ADDRESS	800 S. OSPREY AVE. BLDG. B
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #