

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90026 014 ***150.00

DOCUMENT # P04000053925

1. Entity Name
DIAMONDBACK TOWERS, INC.



Principal Place of Business
**1060 COX ROAD
COCOA, FL 32926 US**

Mailing Address
**1060 COX ROAD
COCOA, FL 32926 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-0915205

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOBBY, FLECKINGER V
1060 COX ROAD
COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name **MATTHEW T. BURKE CPA**

Street Address (P.O. Box Number is Not Acceptable)
Cape Royal Office Building

Suite 707

City **1980 N. Atlantic Avenue**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both in this state and in all other states, and accept the obligations of registered agent.

SIGNATURE

Matthew T. Burke CPA

2/12/2008

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
NAME **P, FLECKINGER, BOBBY V** ☐ Delete
STREET ADDRESS **1060 COX ROAD**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE
NAME **T,S FLECKINGER, FRANCES C** ☐ Delete
STREET ADDRESS **1060 COX ROAD**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Graun Fleckinger

2-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #