2005 FOR PROFIT CORPORATION

Jan 18, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # 555415** 1. Entity Name GARDNER & CO., INC. Principal Place of Business Mailing Address 6271 DUPONT STATION COURT E **6271 DUPONT STATION COURT E** JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1787824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GARDNER, WILLIAM E.J. 6271 DUPONT STRATION COURT E JACKSONVILLE, FL 32217 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME GARDNER, WM E J from the contract of the standard of the stand STREET ADDRESS 7952 VINEYARD LAKE RD NORTH JACKSONVILLE, FL 32217 CITY-ST-ZIP TITLE GARDNER, MARYRAE NAME 7952 VINEYARD LAKE RD NORTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217 y et a comparation of the second of the seco and the state of t TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED