

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F32956

1. Entity Name
**GARDNER, WADSWORTH, DUGGAR, BIST, & WIENER,
P.A.**



Principal Place of Business
**1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308**

Mailing Address
**1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2088596

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARDNER, CHARLES R.
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARDNER, CHARLES R
STREET ADDRESS 1300 THOMASWOOD DRIVE
CITY - ST - ZIP TALLAHASSEE, FL 32308

TITLE VPSD
NAME BIST, MICHAEL P
STREET ADDRESS 1300 THOMASWOOD DR
CITY - ST - ZIP TALLAHASSEE, FL 32308

TITLE VPTD
NAME WIENER, BRUCE I
STREET ADDRESS 1300 THOMASWOOD DR
CITY - ST - ZIP TALLAHASSEE, FL 32308

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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U00000011019
01/23/04-80020-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

01-20-04

Date

850-385-0070

Daytime Phone #