


150.0

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000021044

1. Entity Name
GARDNER LAW GROUP, P.A.



FILED
06 MAY 15 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 101 S FRANKLIN STREET SUITE 101 TAMPA, FL 33602

Mailing Address: 101 S FRANKLIN STREET SUITE 101 TAMPA, FL 33602



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-2305137 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GIORDANO, JOHN N
220 S FARNKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: [Blank]

Street Address (P.O. Box Number is Not Acceptable): 220 S. FRANKLIN STREET

City: FL Zip Code: [Blank]

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: GARDNER, J. STEPHEN STREET ADDRESS: 101 S FRANKLIN STREET SUITE 101 CITY-ST-ZIP: TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE: D NAME: GARDNER, T. TRUETT STREET ADDRESS: 101 S FRANKLIN STREET SUITE 101 CITY-ST-ZIP: TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P, T NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP, S NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ASSISTANT S NAME: GWENDLYN M. LISBOA STREET ADDRESS: 101 S. FRANKLIN ST. SUITE 101 CITY-ST-ZIP: TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ASSISTANT S NAME: CATHY P. HUME STREET ADDRESS: 101 S. FRANKLIN ST., SUITE 101 CITY-ST-ZIP: TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 4/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #