


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90040 042 \*\*\*150.00

**DOCUMENT # P05000021044**

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



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

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



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2305137</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**

**GARDNER, STEPHEN J  
 101 S FRANKLIN ST STE 101  
 TAMPA, FL 33602**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PT GARDNER, J. STEPHEN 101 S FRANKLIN STREET SUITE 101 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARDNER, T. TRUETT 101 S FRANKLIN STREET SUITE 101 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LISBOA, GWENDLYN M 101 S FRANKLIN STREET SUITE 101 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUME, CATHY P 101 S FRANKLIN STREET SUITE 101 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **1/14/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #