

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 199106**

1. Entity Name  
**G.H. STENNER & CO., INC.**



Principal Place of Business  
**3174 DESALVO RD.  
JACKSONVILLE, FL 32246**

Mailing Address  
**3174 DESALVO RD.  
JACKSONVILLE, FL 32246**



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0791535**

Applied For  
Not Applicable

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

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

**COLD, KATHY  
C/O SOL BROOK ABEL COLD STREFEL & RAY  
ONE INDEPENDENT SQUARE # 2301  
JACKSONVILLE, FL 32202**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	WARE, TIMOTHY D
STREET ADDRESS	233 SHELL BLUFF CT.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	WARE, RUTH I
STREET ADDRESS	233 SHELL BLUFF CT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	COLD, KATHY
STREET ADDRESS	2301 INDEPENDENT SQUARE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000242316  
02/24/05-80081-023 150.00

**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 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:**

*Timothy D. Ware* (TIMOTHY D. WARE) PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.22.05**

Date

**904 641-1666**

Daytime Phone #