

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 015 ***150.00

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

40062086



03272006 No Chg-P CR2E034 (11/05)

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 title if applicable.

(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 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

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:

Timothy D. Ware Timothy D. WARE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.06
Date

904 641-1666
Daytime Phone #