



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90191 044 \*\*\*150.00

<b>DOCUMENT # 264649</b> 1. Entity Name <b>WITTNER &amp; CO.</b>					
Principal Place of Business <b>5999 CENTRAL AVE STE 400 ST PETERSBURG, FL 33710</b>			Mailing Address <b>P.O. BOX 11629 5999 CENTRAL AVE STE 400 ST PETERSBURG, FL 33733 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01262004 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number <b>59-1007223</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHULTZ, THOMAS A 5999 CENTRAL AVE., 4TH FLOOR ST PETERSBURG, FL 33710</b>			7. Name and Address of New Registered Agent Name <b>Ross Wilt</b> Street Address (P.O. Box Number is Not Acceptable) <b>5999 Central Ave</b> <b>4th Floor</b> City <b>St Petersburg</b> FL Zip Code <b>33710</b>		
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: <u><i>Tom Wilt</i></u> <u><i>Ross Wilt</i></u> <u><i>4/7/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITTNER, JEAN GILES <input type="checkbox"/> Delete 5999 CENTRAL AVE., S-400 ST PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHULTZ, THOMAS <input checked="" type="checkbox"/> Delete 5989 CENTRAL AVE.- 5400 SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WITTNER, TED P <input type="checkbox"/> Delete 5999 CENTRAL AVE STE 400 SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TED P. Wittner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5999 Central Ave, STE 400 St. Petersburg, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ross Wilt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5999 Central Ave, STE 400 St. Petersburg, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Jean Giles Wittner, Pres</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					