

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90135 001 ***300.00

DOCUMENT # 264649

1. Entity Name
WITTNER & CO.



Principal Place of Business
**5999 CENTRAL AVE STE 400
ST PETERSBURG, FL 33710**

Mailing Address
**P.O. BOX 11629
5999 CENTRAL AVE STE 400
ST PETERSBURG, FL 33733 US**

000100011



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1007223

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILT ROSS JEAN GILES WITTNER
5999 CENTRAL AVE.
4TH FLOOR
ST PETERSBURG, FL 33710

**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, 2007 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
PD
WITTNER, JEAN GILES
5999 CENTRAL AVE., S-400
ST PETERSBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILT, ROSS
5999 CENTRAL AVE, STE 400
SAINT PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WITTNER TED P
5999 CENTRAL AVE STE 400
SAINT PETERSBURG, FL 33710

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07