2005 FOR PROFIT CORPORATION

Jan 21, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #630864** 01-21-2005 90049 006 ***158.75 1. Entity Name PAUL N. GARDNER COMPANY, INC. Principal Place of Business Mailing Address 316 NE FIRST STREET 316 NE FIRST STREET 50004745 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4 FELNumber Applied For 59-1928531 Not Applicable Country \$8.75.Additional-Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDNER, PAUL N JR Street Address (P.O. Box Number is Not Acceptable) 2342 DEER CREEK TRAIL DEERFIELD BEACH, FL 33442 316 NE First Street Pompano Beach, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE XX Change ☐ Addition GARDNER, PAUL N JR NAME NAME 316 NE First Street 2342 DEER CREEK TRAIL STREET ADDRESS STREET ADDRESS Pompano Beach, FL CITY-ST-ZIP DEERFIELD BEACH, FL CITY-ST-ZIP 33060 TITLE □ Delete ☐ Change □ Addition BRIDE, SANDRA G NAME NAME STREET ADDRESS 12740 COCOA PINES DR STREET ADDRESS CITY-ST-ZIP BOYNTON BCH, FL 33436 CITY-ST-ZIP ST TITLE ☐ Delete TITLE □ Change ☐ Addition LANDON, GARY M NAME NAME STREET ADDRESS 1100 SEA GRAP CIR. STREET ADDRESS CITY-ST-ZIP DELRAY BCH, FL 33445 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 wi l other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP...

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Paul N. Gardner, Jr. ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1-11-05

954-946-9454

- 🖃 Change - - 🔲 Addition

Daytime Phone #

FILED