2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90052 012 ***150.00

DOCUMENT # 630864 1. Entity Name PAUL N. GARDNER COMPANY, INC.						- mCE	0032 012	130.	.00
Principal Place of Business 316 NE FIRST STREET POMPANO BEACH, FL 33060 Mailing Address 316 NE FIRST STREET POMPANO BEACH, FL 33060					4000		aldir aldič Vibil s	11 4 14 BKP12 T1R111	PPI M IATI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · ·	01042008	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Number 59-1928				plied For Applicable
Žip	Country	Zip	Country		L	of Status Desired	LJ ře	8.75 Add e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
316 NE FIF	I, PAUL N JR RST STREET D BEACH, FL 33060	5	Street Address (P.O. 8ox Number is Not Acceptable)						
				City			FL	Zip Code	<u> </u>
	named entity submits this statement fo	egistered o	office or register	ed agent, or boti	n, in the State of Flo		miliar 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, PAUL N JR 316 NE FIRST STREET POMPANO BEACH, FL 33060	☐ Delete	NAME STREET A	I .				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIDE, SANDRA G 12740 COCOA PINES DR BOYNTON BCH, FL 33436 CIT		TITLE NAME STREET A CITY-ST	DORESS 31		DRA G KEY CIRCLE FL 33462		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDON, GARY M 771 S.E. 1ST WAY DEERFIELD BEACH, FL 33441	☐ Delete	NAME STREET A CITY-ST	ADDRESS			(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET A CITY-ST					Change	☐ Addition
TITLE NAME STREET ADDRESS- CITY-ST-ZIP		☐ Dølete	TITLE NAME STREET A CITY-ST	i				Change	Addilion
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 oddress, will all other like empowered.									