

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # F32956

1. Entity Name

GARDNER, WADSWORTH, DUGGAR, BIST, & WIENER,
P.A.



Principal Place of Business

1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308

Mailing Address

1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2088596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GARDNER, CHARLES R.
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312

**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 GARDNER, CHARLES R
STREET ADDRESS 1300 THOMASWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VPSD
NAME BIST, MICHAEL P
STREET ADDRESS 1300 THOMASWOOD DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VPTD
NAME WIENER, BRUCE I
STREET ADDRESS 1300 THOMASWOOD DR
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
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CITY-ST-ZIP

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01/19/06-80050-024 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/06