

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90017 001 \*\*\*150.00

<b>DOCUMENT # F32956</b>					
<b>1. Entity Name</b> GARDNER, WADSWORTH, DUGGAR, BIST, & WIENER, P.A.					
<b>Principal Place of Business</b> 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308			<b>Mailing Address</b> 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-2088596	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GARDNER, CHARLES R. 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32312			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> GARDNER, CHARLES R		<b>TITLE</b> PD	<b>NAME</b> Michael P. Bist	
<b>STREET ADDRESS</b> 1300 THOMASWOOD DRIVE	<b>STREET ADDRESS</b> 1300 THOMASWOOD DRIVE		<b>STREET ADDRESS</b> 1300 Thomaswood Drive	<b>STREET ADDRESS</b> Tallahassee, FL 32308	
<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308		<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	
<b>TITLE</b> VPSD	<b>NAME</b> BIST, MICHAEL P		<b>TITLE</b> VPD	<b>NAME</b> Charles R. Gardner	
<b>STREET ADDRESS</b> 1300 THOMASWOOD DR	<b>STREET ADDRESS</b> 1300 THOMASWOOD DR		<b>STREET ADDRESS</b> 1300 Thomaswood Drive	<b>STREET ADDRESS</b> Tallahassee, FL 32308	
<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308		<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	
<b>TITLE</b> VPTD	<b>NAME</b> WIENER, BRUCE I		<b>TITLE</b> VPD	<b>NAME</b> Bruce I. Wiener	
<b>STREET ADDRESS</b> 1300 THOMASWOOD DR	<b>STREET ADDRESS</b> 1300 THOMASWOOD DR		<b>STREET ADDRESS</b> 1300 Thomaswood Dr.	<b>STREET ADDRESS</b> Tallahassee, FL 32308	
<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308		<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> VPD	<b>NAME</b> Murray M. Wadsworth, Jr.	
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 1300 Thomaswood Drive	<b>STREET ADDRESS</b> Tallahassee, FL 32308	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> VPSTD	<b>NAME</b> Garvin B. Bowden	
<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 1300 Thomaswood Dr.	<b>STREET ADDRESS</b> Tallahassee, FL 32308	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	<b>CITY-ST-ZIP</b> Tallahassee, FL 32308	
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> _____			<b>2/28/07</b> <b>850-385-0070</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		