

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-23-2007 90273 001 ***150.00

DOCUMENT # F53718

1. Entity Name
WITTNER & ASSOCIATES, INC.



Principal Place of Business

C/O TED P WITTNER
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

40070000



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2207968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILT, ROSS
5999 CENTRAL AVENUE
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 **PCD**
NAME WITTNER, JEAN GILES
STREET ADDRESS 5999 CENTRAL AVENUE #400
CITY-ST-ZIP ST PETERSBURG, FL

TITLE **PD**
NAME ~~WITTNER, TED P~~
STREET ADDRESS ~~5999 CENTRAL AVENUE #400~~
CITY-ST-ZIP ~~ST PETERSBURG, FL~~

TITLE **V**
NAME WILT, ROSS
STREET ADDRESS 5949 CENTRAL AVE 4TH FLOOR
CITY-ST-ZIP 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 like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

Date

Daytime Phone #