

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-23-2007 90276 033 \*\*\*150.00

**DOCUMENT # J29895**

1. Entity Name  
WITTNER CENTRES, INC.



Principal Place of Business  
WITTNER, JEAN GILES, PRES.  
5999 CENTRAL AVENUE, SUITE 400  
ST. PETERSBURG, FL 33710

Mailing Address  
PO BOX 11629  
5999 CENTRAL AVENUE, SUITE 400  
ST PETERSBURG, FL 33733 US

40078142



**DO NOT WRITE IN THIS SPACE**

02222007 No Chg-P CR2E034 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-2709842  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

**6. Name and Address of Current Registered Agent**

WITTNER, JEAN GILES, CHAIRMAN  
5999 CENTRAL AVENUE, SUITE 400  
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          | P C O                    |
| NAME           | WITTNER, JEAN G          |
| STREET ADDRESS | 5999 CENTRAL AVENUE #400 |
| CITY-ST-ZIP    | ST. PETERSBURG, FL       |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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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:**

*Jean Giles Wittner Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07  
Date

Daytime Phone #