

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2709842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
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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CITY - ST - ZIP	

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07/14/08-80008-005 150.00

**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 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08

Date

Daytime Phone # _____