

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M86966**

1. Entity Name  
**GARDNER - HUFFMAN, INCORPORATED**



Principal Place of Business  
**C/O PAULA M. GARDNER  
2300 NORTH ORANGE AVE  
ORLANDO, FL 32804 US**

Mailing Address  
**C/O PAULA M. GARDNER  
2300 NORTH ORANGE AVE  
ORLANDO, FL 32804 US**



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2901703**

Applied For  
Not Applicable

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

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

**GARDNER, PAULA M.  
2300 NORTH ORANGE AVE  
ORLANDO, FL 32804**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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, PAULA M.
STREET ADDRESS	2300 N. ORANGE AVE
CITY - ST - ZIP	ORLANDO, FL
TITLE	D
NAME	HUFFMAN, LEON
STREET ADDRESS	2300 NORTH ORANGE AVE
CITY - ST - ZIP	ORLANDO, FL
TITLE	SD
NAME	HUFFMAN, JUNE E.
STREET ADDRESS	2300 N ORANGE AVE.
CITY - ST - ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000031886  
02/04/04-80166-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Paula M Gardner* **Paula M Gardner** 01/28/2004 407-898-1198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #